

APPLICATION FOR INTERMENT AUTHORISATION

DCSB 16 FORM 09 PROPERTY MANAGEMENT

This form must be completed by the interment right holder or a person authorised to exercise the interment right in accordance with Section 35 of the Burial and Cremation Act 2013.

Details of De	ceased				
Title	First Name/s			Gender: M	F
Last Name:			_		
Last Known Permai	nent Address				
Suburb / town				State	Post Code
Date of Birth	Date of De	eath		Age	
Religion (if any)					
Minister or Celebra	nnt performing ceremony				
Funeral Director					
Date of Burial or Cr	remation	Time of Burial			
Buried With					
Name of spouse of	the deceased				
Names of Parents of	of the deceased				
Names of Children	of the deceased				
Names of sisters or	Brothers of the deceased				
(please attach an a	dditional page if more room is req	uired.)			
Interment Lo	cation - Please select or	 ne			
A. Cemetery to allo	ocate new location (new interment	t right required)]
(Plain english Statem B. Family to select Family to contact	ent completed and provided to the Au t new location (new interment Council and arrange a time to a n at cemetery (existing interme	uthorised person by Funer right required) consider interment si	tes available)	ed to be remaini	ng on Pight)
C. Existing location	Name of Right Holder/s:				Right Number
	Location Details:				Expiry Date:
	Current Address:				
	Suburb	State:	Post Cod	de:	Date of Birth:
	Existing interments at Site:	YES	☐ NO	Transfer of righ	nt required
	Extension of right required	YES	NO NO	Number if year	s to be extended
How many interm	nents should the place of interm	nent be prepared to a	ccommodate?	(only applicable	e to grave sites)



Instruction for	Interment						
Interment Depth	ONE TWO	Lift and Deepen required YES NO					
Temporary Crosses to	o be installed YES NO	Preferred Name for Cross					
Authorised Pe	rson Details						
Title	Given Names	Su	rname				
Address							
Suburb / Town			StatePost Code				
Telephone: Home	Work:	Mobile					
email							
Relationship to the d	eceased (spouse, child etc)						
I acknowledge that I have read and understand my rights and responsibilities and declare that I an the interment right holder or a person authorised to exercise the interment right in accordance with the conditions listed below.							
Signature of Applicar	nt	Date					

Your rights and responsibilities:

New interment right

- If a new interment right is being requested in order to facilitate this burial, the Authorised Person will become the interment right holder and must be supplied with a Plain English Statement by the Funeral Director.
- In signing this Burial Authority, the Authorised Person acknowledges receipt of a Plain English Statement by the Funeral Director if a new interment right is required.
- An interment rights will only be granted to one interment right holder (ie, no interment right will be issued to more than one person)

 Authority to exercise the interment right
- Only the interment right holder may exercise an interment right, provided that if the interment right holder is deceased the interment right may be exercised by the personal representative of the deceased interment right holder (by definition the Executor or Administrator of the Deceased Estate) in accordance with section 35 of the Burial and Cremation Act 2013.
- If there is no personal representative the interment right may be exercised in accordance with regulation 32 of the Burial and Cremation Regulations 2014 as follows:
 - o by the spouse of domestic partner of the deceased interment right holder; or
 - o if there is no surviving spouse or domestic partner by the eldest living relative of the deceased interment right holder in the following descending order of priority:
 - a child;
 - a grandchild or great-grandchild;
 - a brother or sister;
 - a parent;
 - a grandparent;
 - an aunt of uncle;
 - a nephew or niece;
 - a cousin;
 - any other blood relative.

Lodging

Please fill in the essential details, attach requested documentation, and make sure forms are signed before returning the application to Council.

Mail: Email:

CONFIDENTIAL Clinet Services Officer - Rates PO Box 179 Streaky Bay SA 5680 dcstreaky@streakybay.sa.gov.au

For More Information

Please contact our Client Services Officer Phone: 08

8626 1001

Email: dcstreaky@streakybay.sa.gov.au

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Grave location Section	on	Row/Path		No:
Authorised By		Position		
Signature			Date:	