

2024-2025 CONTRACT / APPLICATION PERPETUAL INTERMENT RIGHT

Bodily Remains - Burial Plot

Is there a pre-existing Reservation	<input type="checkbox"/> Yes <input type="checkbox"/> No
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1. Location

Cemetery			
Section/Denomination			
Row / Lot		Plot Number	

2. Applicant(s) Details

Holder(s) listed below have sole authority concerning all actions regarding the above interment location.

Holder 1 (required) *One holder is sufficient however there is provision for an optional second holder.*

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr				
Name in full					
Address				PC	
Phone	Home		Mobile		
Email					
Relationship to Deceased			Date of Birth		

Holder 2 (optional)

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr				
Name in full					
Address				PC	
Phone	Home		Mobile		
Email					
Relationship to Deceased			Date of Birth		

3. Proof of Identity

Provide two (2) identification documents, one of which must be photo identification for each Holder. Copies do not require certification.

<input type="checkbox"/> Drivers License (both sides)	<input type="checkbox"/> Medicare Card	<input type="checkbox"/> Statutory Declaration (as required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Pension / Healthcare / ID Card

4. Contact

This person has no claim over the Interment Right but may assist Council to contact Holder(s) where contact details may have changed.

Title	<input type="checkbox"/> Executor and <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr		
Name in full			
Address			PC
Phone	Home		Mobile
Email			
Relationship to Deceased		Date of Birth	

5. Deceased Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> Dr		
Name in full		Neer	
Last known address			PC
Place of death			
Date of birth		Age	
Date of death		Marital status	
Date of interment		Religion	
Name of Predeceased * if REOPEN of Gravesite			

6. Undertaker

Funeral Home			
Directors Name			
Address			
Contact Phone		Contact Email	
Date of Interment		Time of interment	
Service Type	<input type="checkbox"/> Graveside Service		<input type="checkbox"/> Committal
	<input type="checkbox"/> Last Will & Testament		<input type="checkbox"/> Letter of Administration / Probate
Select Document Type	<input type="checkbox"/> MCDC/Coroners Certificate/Notice of Disposal		<input type="checkbox"/> Death Certificate

Please leave the grave marker (temporary white cross with name of deceased) with the attending Cemetery Supervisor to place on the burial site once it has been back filled.

PLEASE NOTE: Council does not supply the casket lowering device, chairs or overhead covering.
Should you require any of the above you may wish to contact Steve Davies m: 0404 092 260

UNDERTAKERS SIGNATURE

DATE

7. Acknowledgement

I, the undersigned declare that I have the authority to request Council for the order for interment as I am the
(relationship/role) _____ of the deceased/deceased's estate.

I acknowledge that the nature of this interment right is set out in section 46 of the *Cemeteries and Crematoria Act 2013* and that all other matters regarding the care, control and management of the nominated interment site are at the discretion of Byron Shire Council.

HOLDER #1 _____
SIGNATURE DATE

HOLDER #2 _____
SIGNATURE DATE

A note about your personal information

The personal information you provide in this form (like your name and contact details) is received by Council for the purpose of exercising its functions under the laws regarding cemeteries and maintaining accurate records regarding these functions. Without having this information, Council cannot provide the interment rights you are seeking in your application. The privacy laws applying to Council regulate your access to the personal information that Council holds. Please Council contact if you have questions about your personal information.

Payment Details - Please refer to Cemetery Fees and Charges available on the Byron Shire Council website

[Fees and charges - Byron Shire Council \(nsw.gov.au\)](http://www.nsw.gov.au)

24-25 Fee Payable – Interment Right PLUS Order for Interment (Bodily, Adult)		
Burial Plot - Single Depth	<input type="checkbox"/>	\$5,960.00
Burial Plot - Dual Depth	<input type="checkbox"/>	\$6,878.00
Transfer -Right of Burial Holder	<input type="checkbox"/>	\$ 227.00
State Government Interment Levy	<input type="checkbox"/>	\$ 171.60

Surcharges:

- After 2:30pm
- Exceeded booking time
- Weekend/Public Holiday
- Manual backfill

Total \$ _____
incl GST

INVOICE:

CONTACT DETAILS

Phone (02) 6626 7049

Mobile 0456 446 133

Email cemeteries@byron.nsw.gov.au

Web www.byron.nsw.gov.au