

2024-2025 APPLICATION for RE-OPEN Ashes - Burial Plot

1. Location

Cemetery			
Section/Denomination			
Row / Lot		Plot Number	

2. Applicant(s) Details

Are you the Interment Right Holder? ROI Holder Number _____

If you are not the Interment Right Holder, Complete Transfer Interment Right application form.

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

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		
Pre-deceased details		IRN		
		IRN		
		IRN		

6. Cremation Details

Crematoria			
Address			
Date of Cremation			
Select Document Type	<input type="checkbox"/> Cremation Certificate <input type="checkbox"/> Death Certificate		

Proposed interment details:

Date			
Time			
Number of people attending			
Name of person holding ashes		Contact number	
Interment type	<input type="checkbox"/> Plastic urn <input type="checkbox"/> Other, please specify _____ - _____		

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.byronshire.nsw.gov.au/fees-and-charges)

24-25 Fee Payable RE-OPEN		
Order for Interment (Ashes)	<input type="checkbox"/>	\$ 566.00
Transfer -Right of Burial Holder	<input type="checkbox"/>	\$ 227.00
State Government Interment Levy	<input type="checkbox"/>	\$ 69.30

Surcharges:

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

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