



Application for Columbarium Reservation and Placement of Ashes

Reservation

Immediate Use

| PART A: INTERMENT DETAILS | | |
|----------------------------------|-----------------------|--|
| New Purchase (Reservation) | Columbarium Location: | |
| New Purchase (Immediate Use) | Wall: | |
| Open Reserved Niche | Row No: | |
| | Niche No: | |
| Other Details: | | |

| | | |
|--|-----|----|
| Is the Applicant also the intended holder of the interment right? | Yes | No |
|--|-----|----|

| PART B: APPLICANT | | |
|---------------------------|---------|--------|
| Surname: | Name: | Title: |
| Address | | |
| Phone Number: | E-mail: | |
| Relationship to Deceased: | | |
| Application for self: | YES | NO |

| PART C: INTENDED HOLDER/S OF INTERMENT RIGHT/S | | |
|---|---------|--------|
| Holder 1 | | |
| Surname: | Name: | Title: |
| Address: | | |
| Phone Number: | E-mail: | |
| Holder 2 | | |
| Surname: | Name: | Title: |
| Address: | | |
| Phone Number: | E-mail: | |



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| PART D: NEXT OF KIN/SECONDARY CONTACT NOMINATED BY HOLDER OF INTERMENT RIGHT <i>(Attach additional sheet to register more than one secondary contact)</i> | | |
|--|---------------|--------|
| Surname: | Name: | Title: |
| Address: | | |
| Email: | Phone Number: | |
| Relationship to Holder of Interment: | | |

| PART E: DECEASED DETAILS (If required for immediate Use) | | |
|---|-----------------------|--------|
| Surname: | Name: | Title: |
| Last Residential Address: | | |
| Personal Details: Male Female | E-mail: | |
| Date of Birth: | Phone Number: | |
| Date of Death: | Age: | |
| Date of Funeral: | Officiating Minister: | |

| PART F: FUNERAL DIRECTOR | |
|---------------------------------|----------|
| Name: | Company: |
| Address: | |
| Phone Number: | E-mail: |



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PART G: SIGNATURES

I the undersigned;

Being the person registered as the Holder of the Right of Burial (Grantee) or in the case of a new niche the person to be registered as the Holder of the Right of Burial (Grantee)

OR

Propose to use an existing Right of Burial in the absence of or acting on behalf of the person registered as the Holder of the Right of Burial. State grounds for authority;

State that all the information is true and correct and agree to the conditions as stated below.

Signature:

Date:

Signature 2 (If required):

Date:

PART H: CONDITIONS

1. The Council or the General Manager may, upon payment of the appropriate charge fixed by Council, issue Rights of Burial which shall be in or to the effect of the above form, giving exclusive right of burial in one or more specified allotments of the cemetery. Council may refuse, or may authorise the General Manager to refuse to issue Rights of Burial for more than one allotment to any one person if it is satisfied that an attempt is being made to create a monopoly or to deal in such Rights in the way of business.

2. Such Rights may be transferred or transmitted, and the Council shall record any transfer or transmission upon satisfactory proof of the right of the claimant to be regarded as the transferee or successor thereto.

3. Burials shall not be allowed in any allotment in respect of which a Right of Burial has been issued, unless the consent in writing of the then holder of the Right and the Right itself are produced (on request) to the Council.



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Proof of identity

Applicants must produce two original identification documents, one of which must provide photo identification. These may include a passport, license issued under Australian law (driver's licence or other government-issued licence), birth certificate/citizenship certificate, credit card, EFTPOS card, Medicare card, and membership to a registered club.

Privacy declaration

Information collected on this form will be held in accordance with the *Privacy and Personal Information Protection Act 1998*. Personal information is collected for the purpose of allowing Council to assess this application, and perform its function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. This application will be reviewed by Council officers, and to the extent required pursuant to section 63 of the *Cemeteries and Crematoria Act 2013*, the personal information will be included in a register accessible by the public. Supply of the personal information is voluntary, however, if it is not provided Council will not be able to progress the application.

We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, and may request that any errors in that information is corrected.

| Office Use Only | |
|------------------------|---------|
| Fee/s Paid: | Date: |
| Receipt Number: | EF No.: |