

**Date of Cremation** 

**Administration Centre** 

Shellharbour Civic Centre Dharawal Country 76 Cygnet Avenue Shellharbour City Centre NSW 2529

Postal Address

Locked Bag 155 Shellharbour City Centre NSW 2529

p. 02 4221 6111 f. 02 4221 6016 council@shellharbour.nsw.gov.au www.shellharbour.nsw.gov.au

## APPLICATION FOR INTERMENT PERMIT FOR PLACEMENT OF CREMATED REMAINS

Please contact our Cemetery Services Officer on 4221 6183 to make an appointment to lodge this application.

## PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE

Information collected on this form is held in accordance with the *Privacy and Personal Information Protection Act* 1998. Personal information is collected for a lawful purpose that directly relates to our primary 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. Your information will be stored securely on file and in Council's electronic records management system. We will take all reasonalble 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, except in the circumstances set out in Part 2, Division 3 of the *Privacy and Personal Information Protection Act* 1998. Further information can be found in Council's Privacy Management Plan or by contacting Council's Public Information Officer.

1. Applicant Details Note: If the deceased is not the right of interment holder, please ensure the applicant has the appropriate authority to request the opening of the site. **Title** Mr Mrs Ms Other Name **Address** Phone (H) Phone (M) **Email** Relationship to Deceased **Details of the Deceased** Ms Other **Title** Mr Mrs Name Last Address of Deceased **Date of Birth Date of Death** Occupation Aged

Name of Crematorium

3. Interment Right Do	etails Select type of appli	ication and complete	details	
Interment without an existing Interment Reservation				
Internent with existing, approved Interment Licence/Reservation				
Full name on Interment Certificate			Certificate No	
4. Plot / Memorial Site  If ashes are placed in a Monument, the applicant is responsible for the removal and refitting of any of the monument/ledger on the plot.				
Cemetery	Albion Park	○ Shellh	arbour	
Area/Denomination e.g Catholic Lawn, Independent Monument, Memorial Garden, Granite Wall of Niches etc				
Plot Details Section, Row, Plot No				
Names of previous Interments (existing sites only)				
Cemetery Site ID (office use only)				
	monto for placement			
5. Container requirements for placement  Wall of Niches –  Granite Wall of Niches –				
10		Cylinder		
large PVC rectangular box		large PVC recta	angular box	
6. Placement Details				
Person transferring ashes to Council				
Do you wish to be present for the Interment of the Cremated Remains Yes No				
If yes, Council will contact you to make the arrangements. If no, the ashes will need to be delivered to the Council's Works Depot at 132 Industrial Road Oak Flats.				
Is a plaque required? On Yes – please complete and attach the relevant plaque application form				
7. Acknowledgement and Indemnity				
I, the undersigned, being the applicant, do hereby request the Cemetery Operator (Shellharbour City Council) to allow the said interment site to be opened and the remains of the said deceased to be interred, and I certify that I am duly empowered to authorise the opening of the said interment site and that the said remains should be rightly interred in the said interment site. Further, I, the undersigned do indemnify and hold safe and harmless the Cemetery Operator against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever by reason of the Operator having consented to the opening of the site and interment of the deceased. I further agree to comply with Cemetery Operator's regulations regarding the erection of any memorials, plaques and monuments and agree to abide by the Cemetery Operations Policy.				
Name				
Signature				
Date				

8. Receipt details (office use only)				
Application Number				
Debtor Number (CEM000000)				
Fees Paid	Amount \$			
Paid by Cheque EFT Cash	Date Receipt No			
9. Office Use only				
○ Noted on map	Recorded in Miscellaneous Accounts			
○ Works Order No	Ashes received (if family not attending)			
Entered in calendar (if family to be present)	O Date Ashes interred / to be interred / /			
O Date and time family advised (if not in attendance) / /				
○ Scanned & Registered				
Date:	Signature:			