

CEMETERY INTERMENT PERMIT

To be completed by Funeral Director and forwarded to Council immediately for processing



1. Funeral Details

Funeral Director			
Contact Name		Contact No:	
Address			
Email			
Date of Interment		Day	
Time at Cemetery		Graveside Service	<input type="radio"/> Yes <input type="radio"/> No

2. Deceased Details

Full Name of Deceased				
Last Address				
Date of Birth		Date of Death		Age
Religion		Marital Status		Sex
Occupation				
Did the Deceased die of an infectious disease:	<input type="radio"/> No <input type="radio"/> Yes (Please provide details)			

3. Site location details

Cemetery	<input type="radio"/> Albion Park Cemetery <input type="radio"/> Shellharbour Cemetery		
Denomination <i>e.g Catholic, COE etc</i>			
Plot Details, Section: <i>Lawn, H/stone, Monument</i>		Row	Plot
Depth	<input type="radio"/> Single <input type="radio"/> Double <input type="radio"/> Re-open*		
*Name of previous interment/s			
Coffin Shape	<input type="radio"/> Shoulder  <input type="radio"/> Rectangular 		
Coffin Size	Length	Width	Height
<i>(Please provide exact external dimensions including handles)</i>			
Special Requests <i>(e.g. Gravemarker)</i>			

4. 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.

Full Name			
Full Address			
Phone (H)		Mobile	
Email			
Relationship to Deceased			
<p>I, the undersigned, being the person responsible for the funeral arrangements request the Cemetery Operator (Shellharbour City Council) to issue an Order for Interment for the opening of the burial site and interment of the deceased. I certify that I am duly empowered to authorise the opening of the burial site and that the said deceased should be rightly interred in that 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 the monuments and agree to abide by the Cemetery Operations Policy</p>			
Signature		Date	
Witness Signature		Name	

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 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, 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.

5. Office Use only

Interment Fee \$	
<input type="radio"/> Burial confirmed with Funeral Director	Works Order Number:
<input type="radio"/> Noted on Map	Interment Application Number:
<input type="radio"/> Noted in Funeral Director Accounts	<input type="radio"/> Updated Cemetery Management Field
<input type="radio"/> Noted in Finance Accounts	<input type="radio"/> Confirmation sent to Funeral Director
<input type="radio"/> Recorded in Cemetery Calendar	<input type="radio"/> Scanned & Registered