

APPLICATION FOR BURIAL

Completed form must be returned to Council a minimum of three (3) days prior to funeral

NAME OF APPLICANT

I (full name of applicant): _____

Of (address of applicant): _____

am applying for a burial of the remains of the deceased person whose details appear below.

NAME OF DECEASED

Family Name: _____

Given Names: _____

Date of Birth: ___/___/___ Date of Death: ___/___/___ Age at Death: _____

Last Known Address: _____

Suburb: _____ Post Code: _____

Is the deceased a Veteran: Yes No Details of service history: _____

Cause of Death: _____

Any known risk factors or infectious diseases: _____

Gender: Male Female Other

MEDICAL PRACTITIONER FOR DECEASED

Please provide the following details of the medical practitioner who attended the deceased person prior to their death.

Name: _____

Address: _____

Suburb: _____ Post Code: _____

DECLARATION BY APPLICANT

1. I certify that, to the best of my knowledge and belief, the particulars stated above are true; and
2. I have authority to approve the burial as requested above; and
3. That as defined overleaf, I am the Senior Next of Kin.

Full name: _____

Signature of Applicant: _____ Date: ___/___/___

SENIOR NEXT OF KIN

'Senior Next of Kin', in relation to the deceased person, means the **first listed person** available from the following list.

Please tick the paragraph that qualifies you as 'Senior Next of Kin'.

- a) A person who is the executor or administrator of the estate of the deceased person
- b) A person who, immediately before the death of the deceased person, was the spouse of the deceased person
- c) A deceased person's eldest available son or daughter who is 18 or more years of age
- d) The person with whom the deceased person at the time of his or her death was in a caring relationship which was the subject of deed of relationship registered under Part 2 of the *Relationships Act 2003*
- e) If there is no person referred to in paragraph a, b, c or d or such person is not available, a parent of the deceased person
- f) The deceased person's eldest available brother or sister who is 18 or more years of age
- g) The personal representative of the deceased person
- h) If the deceased person is an Aboriginal person within the meaning of the Aboriginal and *Torres Strait Islander Commission Act 1989* of the Commonwealth, a person who is an appropriate person according to the customs and tradition of the community or group to which the deceased person belonged
- i) A person nominated by the Director of Local Government by written notice provided to the person

IMPORTANT INFORMATION

1. For the purpose of definition, the 'Senior Next of Kin' is deemed not available, if the person:
 - a. Does not exist; or
 - b. Has been unable to be contacted even though all reasonable steps have been taken to do so; or
 - c. Has declined to act as Senior Next of Kin; or
 - d. Is unable to perform adequately or competently the duties as Senior Next of Kin.
2. 'Spouse' includes the other party to a significant relationship, within the meaning of the *Relationships Act 2003*.
3. 'Personal representative' includes the executor or administrator of the estate of a deceased person, the Public Trustee and a nominee of the coroner.

APPLICATION FOR BURIAL

Full Name of Deceased: _____

Location of Cemetery: Beaconsfield Frankford Winkleigh

Burial Type: Lawn Cemetery - Beaconsfield and Winkleigh only
 Monumental Plot - all cemeteries

Is there an existing reservation: No Yes Details: _____

Depth: Standard Infant Other Coffin Size: _____

Status of Grave: New Reserved Re-opening Burial Plot: _____

Name of previous burial in grave for re-opening: _____

Date of Burial: ____/____/____ Time of Burial: _____

Clergy/Celebrant: _____ Religion: _____

Service Type: Public Private

Special Requirements: _____

Note: If a reservation is required adjacent to or with this burial an 'Application for Reservation' form is required to be completed in addition to this form.

Please see Councils current fees and charges for reservations fees.

DECLARATION BY FUNERAL DIRECTOR

I declare that I have made all the necessary enquiries and believe the above information to be true and correct.

Name of Funeral Company: _____

Address of Funeral Company: _____

Email: _____

Contact Name: _____ Phone: _____

Signature: _____ Date: ____/____/____

**** Plaque sizes for Lawn Cemetery Interments must not exceed 55cm wide x 30cm high to fit headstone insert ****

Personal Information Protection Statement

1. Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates, on request to the West Tamar Council.
2. Information can be used for other purposes permitted by the *Local Government Act 1993* and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of the West Tamar Council, in accordance with the Council's Personal Information Protection Policy.

Information on this form is required to ensure compliance with the following:

Burial and Cremation Act 2019

Burial and Cremation Regulations 2025

OFFICE USE ONLY

Details of Burial: Standard Single (re-open only) Infant Coffin Size: _____

Status of Grave: New Reserved Re-opening Burial Plot: _____

Grave Digger Contractor Booked: Yes Date: ____/____/____

Grave Digger Name: _____

Coffin Nameplate Confirmation Received (image required or sighted by MI): Yes

MI Signature: _____ Date: ____/____/____

Invoiced Amount: \$_____ Req #: _____ Date Invoice Requested: ____/____/____

Burials Register Updated: Yes Reg #: _____ Cemetery Module Updated: Yes

Cemetery Mapping Updated: Yes

IM Signature: _____ Date: ____/____/____