



# APPLICATION FOR INTERMENT



## **Deceased Details**

Full Name of Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Nee: \_\_\_\_\_ Known as: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation of Deceased: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Church Service ☐ Graveside ☐ Time: \_\_\_\_\_

Date of Interment: \_\_\_\_\_ Time of Interment: \_\_\_\_\_

Cremation (Y/N): \_\_\_\_\_ New Reservation Required: \_\_\_\_\_ (please complete application)

Funeral Director: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Funeral Director: \_\_\_\_\_ Date: \_\_\_\_\_

## **Applicant Details and Declaration**

Applicants Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby make application to Kyogle Council for the interment as follows:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Kyogle Cemetery      | <input type="checkbox"/> Bonalbo Cemetery | <input type="checkbox"/> Old Bonalbo Cemetery |
| <input type="checkbox"/> Mallanganee Cemetery | <input type="checkbox"/> Tabulam Cemetery | <input type="checkbox"/> Woodenbong Cemetery  |
| <input type="checkbox"/> Burial               | <input type="checkbox"/> Burial of Ashes  | <input type="checkbox"/> Columbarium Wall     |

Section/Wall: \_\_\_\_\_ Row: \_\_\_\_\_ Plot/Niche: \_\_\_\_\_

Coffin Size:

☐ Standard (up to Length 1980mm, Width 600mm, Depth 450mm)

☐ Oversize – Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Please note:

- Please call and check Council's availability prior to Application
- A booking is not confirmed until it has been approved by Council
- Council require a minimum of 3 business days' notice prior to burial and lodgement of Application
- Shade canopy, chairs, lowering device and artificial grass are not provided by Council
- All monumental work must be commenced within six (6) months of interment and installed in accordance with the standard set by Council

### **Office Use Only**

Payment Summary	Interment	\$ _____
	Land & Perpetual Maintenance	\$ _____
	Interment of Ashes in Wall	\$ _____
	Order/Prep of Plaque	\$ _____
	Burial of Ashes	\$ _____
	Penalty Rates	\$ _____
	Reservation	\$ _____ -
	<b>TOTAL</b>	<b>\$ _____</b>

Receipt No \_\_\_\_\_ Date \_\_\_\_\_ \$ \_\_\_\_\_ by \_\_\_\_\_