



# Application for Perpetual Interment Right

(Reservation)

10 Graham Place, CASINO  
19-25 Woodburn Street, EVANS HEAD  
Locked Bag 10, CASINO, NSW, 2470  
Phone: 02 6660 0300 Fax: 02 6660 1300 [council@richmondvalley.nsw.gov.au](mailto:council@richmondvalley.nsw.gov.au)

## Purpose of this application form

This application form should be completed by a consumer that seeks to acquire a perpetual interment right at a cemetery.

Form approved by Cemeteries & Crematoria NSW under subsection 56(2) of the *Cemeteries and Crematoria Act 2013*.

Burial  Ash interment

Is the applicant also the intended holder of the interment right?  Yes  No

## If no: Applicant's Details

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

## Intended Holder/s of Interment Right/s

### Holder 1

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

### Holder 2

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

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

*Please attach an additional sheet to register more than two holders*

**Next of Kin/Secondary Contact Nominated by Holder of Interment Right**

Given name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

*Please attach an additional sheet to register more than one secondary contact*

**Grave Type/Interment Site:**

£ Casino Lawn Cemetery    £ Evans Head    £ Coraki    £ Other.....

**In the burial allotment as described:**

Grave	Columbarium Wall	Memorial Garden
Section:	Wall:	Garden:
Row:	Side:	Section:
Plot:	Niche:	Plot:
Depth:	Closed wall - memorials only £	

This interment site allows for a maximum \_\_\_\_\_ full body interments

\_\_\_\_\_ ash interments

Number of persons who may be interred: \_\_\_\_\_

Identity of person/s whose remains may be interred:

**OR**

Class of person/s (eg, children, siblings, grandchildren) whose remains may be interred:

Specify a person who may nominate the person/s whose remains may be interred:

**OR**

Specify the class of person (eg, children, siblings, grandchildren) who may nominate the person/s whose remains may be interred:

## Payment (Cemetery Operator to Complete)

Item/s	Fee
Interment right	
<b>TOTAL</b>	

## 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 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. 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*.

## Applicant's Acknowledgment/Declaration

I acknowledge that the all terms and conditions of this interment right have been disclosed and explained to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use only	Date
Receipt No.	Amount:
Debtor No:	Mnemonic:
Database Name ID:	Burial Licence No: