



Application for Burial

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

Deceased Details

Full Name of Deceased: _____
Nee: _____ Known As: _____
Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____
Last Address: _____
Date of Death: _____ Place of Death: _____ Church Service/Graveside: (circle)
Date of Interment: _____ Time of Service: _____ am/pm Denomination: _____
Name of Clergy/Celebrant: _____
Medical/Coroners Certificate issued by: _____ (Copy to be furnished to Council)
Funeral Director: _____ Contact Number : _____
Company Name and Address: _____
Signature of Undertaker: _____ Date: _____

Applicant Details and Declaration

Applicant's Full Name: _____
Address: _____
Phone: (H) _____ (W) _____ (M) _____
Email: _____
Relationship to Deceased: _____

I hereby make application to Richmond Valley Council for the burial allotment as described:

- | | | |
|---|--|--|
| <input type="radio"/> Casino Lawn Cemetery | <input type="radio"/> Coraki Cemetery | |
| <input type="radio"/> Evans Head Cemetery | <input type="radio"/> Other..... | |
| <input type="radio"/> New Grave | <input type="radio"/> Use of Reserve | <input type="radio"/> Re-Open Grave |
| <input type="radio"/> Burial of Ashes | <input type="radio"/> Ashes – Niche Wall | <input type="radio"/> Memorial Gardens |

Section/Wall: _____ Row/Side: _____ Plot/Niche No: _____ or
Memorial Garden: _____ Section: _____ Plot: _____

*** Do family wish to be present when ashes placed Yes/No ***

Single Depth Double Depth Re-Open Grave Name on Grave: _____

Coffin Size Standard (up to: Length -1980mm, Width – 600mm, Depth – 450mm)
 Oversize (Length _____ Width _____ Depth _____)

What is the full name of the person who will hold the Interment Right for the second interment into the double depth plot? _____

Address: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____

In making this application I accept personal responsibility for payment of the account and the receipt of correspondence in connection herewith. I also acknowledge that the Headstone Installation/Modification is by application only, with work to be carried out by an approved licenced Monumental Mason.

Signature: _____ Date: _____

PLEASE NOTE:

- ** Shade canopy, chairs, lowering device and artificial grass is not provided by Council.**
- ** A booking is not confirmed until it has been approved by Council.**
- ** Council require a minimum of two business days' notice prior to burial and lodgement of application.**
- ** Climatic conditions may affect Council's ability to conduct services on cemetery sites at previous agreed date and time.**

Fees Applicable:

Details of current fees can be obtained by contacting Richmond Valley Council.

New Grave (at need)	\$ _____
Burial/Place Ashes	\$ _____
Re-Open (2 nd Interment)	\$ _____
Perpetual Maintenance	\$ _____
Other	\$ _____
Total	\$ _____

PRIVACY STATEMENT: The information provided in this form may constitute personal information as defined in the Privacy and Personal Information Protection Act 1998. Council is collecting this information so that it can consider matters in relation to dealing with your application. The information may be made available to other parties where such access is in accordance with relevant legislation, regulation or policy. The submission of personal information in this case is voluntary and if not provided (wholly or in part) may affect or prevent consideration of the matter by Council. Council is to be regarded as the agency that holds the information which will ultimately be stored in Council's records system. You may make application for access to or amendment of information held by Council and you may also request that Council suppress your personal information from a public register. Enquiries concerning this matter can be addressed to Council's Privacy Contact Officer.

Office Use only	
Receipt No.	Amount:
Debtor No:	Date: