



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

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: _____

Preferred Mailing Address: _____

Relationship to Person/s listed below: _____

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

(person not already listed on this form, with different contact details)

Given name/s: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode _____

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

Relationship to Applicant: _____

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 <input type="checkbox"/>	

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	
TOTAL	

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: