

Application for Interment

NOTE:

1. The application must be lodged with Canberra Memorial Parks before an interment can take place
2. All questions must be answered fully
3. All information is strictly confidential – please refer to our Privacy Policy available on our website

How to complete the form

1. Part A, Part B and Part C should be completed by the executor or nearest surviving relative of the deceased. A written statement must be provided by a person completing parts A, B and C if they are not the executor or nearest surviving relative of the deceased outlining why they are making the application.
2. Part D must be completed by Canberra Memorial Parks.

Part A: Application for Interment
Deceased Details

Surname			
Other names			
Date of Birth		Sex	
Occupation		Marital Status	
Date of Death		Place of Death	
Date of Interment		Time of Interment	
Last Known Address			Postcode

Applicant Details

Surname			
Other names			
Relationship to Deceased			
Address		Postcode	
		Phone	
Email			

Right to interment (s 9 of *Cemeteries and Crematoria Act 2020*)

- ☐ Yes – attach copy of right to interment
 ☐ No – complete Part B

I confirm the following:

- ☐ I am the executor or nearest surviving relative of the deceased

OR

- ☐ I am not the executor or nearest surviving relative of the deceased and a written statement is attached outlining why I am making the application

Part B: Right to Interment (s 9 of *Cemeteries and Crematoria Act 2020*)
Application for interment in a new allotment (*complete if applying for interment in a new allotment*)

Cemetery	
Allotment Type (eg. Memorial Rock)	
Denomination (if any)	

OR
Application for interment in an existing grave (*complete if applying to re-open an existing grave*)

☐ I am a descendant of the existing right holder (Please provide particulars and details of existing grave below)

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Container Type <input type="checkbox"/> Urn <input type="checkbox"/> Crematorium Box <input type="checkbox"/> Crematorium Cylinder <input type="checkbox"/> No container <input type="checkbox"/> Other (please describe)	Container Size Length (mm) Width (mm) Height (mm)
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Part C: Applicant Signature

Signature of Applicant		Date	
Signature of Witness		Date	
Name of Witness			

☐ Please tick if you **do not** wish to receive a post service survey from Canberra Cemeteries

Part D: Office Use Only

Portion Number	
Section Number	
Block/Row Number	
Allotment Number	

- ☐ Certification Document (sighted and attached)
- ☐ Right to Interment Certificate (issued **OR** verified)
- ☐ Database and maps updated
- ☐ Post-interment paperwork sent

Signature	
Name	
Date	