|  |  |
| --- | --- |
| **Application for Burial at Cemetery** | **NOTE:**   1. The application must be lodged with Canberra Memorial Parks before a burial 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 the relevant Funeral Director
3. Part E must be completed by Canberra Memorial Parks.

**Part A: Application for Burial**

**Deceased Details**

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

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Other names |  | | |
| Relationship to Deceased |  | | |
| Address |  | Postcode |  |
| Phone |  |
| Email |  | | |

**Right to burial (s 8 of *Cemeteries and Crematoria Act 2020*)**

Yes – attach copy of right to burial  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

If fetal remains, a signed statement by a doctor, nurse or midwife stating that the remains are ‘fetal remains’ and there is no reason why the remains should not be buried is attached

**Part B: Right to Burial (s 8 of *Cemeteries and Crematoria Act 2020*)**

**Application for burial in a new allotment** *(complete if applying for burial in a new allotment)*

|  |  |
| --- | --- |
| Cemetery |  |
| Allotment Type (eg. lawn, headstone) |  |
| Denomination (if any) |  |

**Has the rights holder provided instructions about whether the grave is permitted to be used for future burials of family members?**

**YES**  **NO**

**OR**

**Application for burial 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)

|  |
| --- |
|  |

**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: Funeral Director Declaration**

I have verified that the remains submitted for burial as those of the above-mentioned deceased

I have provided a certification document for burial or approval for burial without a certification document

The deceased will be buried in an approved and acceptable container or acceptable wrapping

**OR**

The deceased will be buried in a container approved by the Chief Health Officerand appropriate certification is attached

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |
| **Name** |  |
| **Company** |  |

|  |  |
| --- | --- |
| Casket Coffin Shroud | Depth of Burial |
| Length (mm) | Single Vault |
| Width (mm) | Double Crypt |
| Height (mm) | Triple |

**Part E: Office Use Only**

|  |  |
| --- | --- |
| **Portion Number** |  |
| **Section Number** |  |
| **Block/Row Number** |  |
| **Allotment Number** |  |

Certification Document (sighted and attached)

Right to Burial Certificate (issued **OR** verified)

Database and maps updated

Post-burial paperwork sent

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Date** |  |