|  |  |
| --- | --- |
| **Application for Right to 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 must be completed by the applicant of the Right to Interment.
2. Part D must be completed by Canberra Memorial Parks.

**Part A: Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Other names |  | | |
| Address |  | Postcode |  |
| Phone |  |
| Email |  | | |

**Part B: Right to Interment – section 9**

**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)

|  |
| --- |
|  |

**Part C: Applicant Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** |  |
| **Signature of Witness** |  | **Date** |  |
| **Name of Witness** |  | | |

**Part D: Office Use Only**

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

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

Database and maps updated

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