|  |  |
| --- | --- |
| **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)

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Container Type |  | Container Size  |
| [ ]  Urn  |  | Length (mm) |
| [ ]  Crematorium Box  |  | Width (mm) |
| [ ]  Crematorium Cylinder |  | Height (mm) |
| [ ]  No container |
| [ ]  Other (please describe) |  |

**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** |  |