## Application for Approval to Inter Cremated Human Remains

Please complete in block letters.				
Details of Deceased				
Title Given Names	Check No.			
Surname	Unduk NU.			
Sex: 🗌 Male 🗌 Female				
Date of Birth Date of De	eath Age			
Last Known Permanent Address				
Suburb/Town	State Post Code			
Religion (if any)				
Details of Interment				
Name of cemetery				
Type of place of interment (eg. niche wall, garden niche, grave)				
Location in cemetery of place of interment (eg. grave number, row and section)	)			
Term of right of interment for the place of interment: $\Box$ Perpetual $\Box$	] 25 years			
If term of the right of interment is 25 years, provide the date on which the right of interment was granted				
Applicant for Approval to Inter Cremated Human Remain	IS			
Title Given Names	Surname			
Address				
Suburb/Town	State Post Code			
Telephone: Home Work	Mobile			
Email				
Consent of Holder of Right of Interment				
Are you the holder of the right of interment for the place of interment where the	ne cremated remains will be interred? $\Box$ Yes $\Box$ No			
If No, provide the details of the holder of the right of interment, and answer the	e questions below.			
Please note that it is important that you advise the cemetery trust of any change contact the holder of the right of interment about the cremated remains in future				
Title Given Names	Surname			
Street Address				
Suburb/Town	State Post Code			
Telephone: Home Work	Mobile			
Email				

Has the holder of the right of	of interment been informed of this application? 🛛 Yes 🗌	No	
If no, give reasons why the I	holder of the right of interment has not been informed of this app	lication:	
			x
Does the holder of the right	of interment consent to this application? $\hfill\square$ Yes $\hfill\square$ No		
Signature of holder of right	t of interment <sup>,</sup>	Date	
Other Matters			
Details of funeral director or the person who is otherwise arranging for the interment of the cremated remains.		COMPANY STAMP	
Company name			
Title Given N	Vames		
Surname			
Street Address			
Suburb/Town		State	Post Code
Telephone	Fax	Email	
Matters relating to t	he Interment		
	both ends 🗌 Meet at cemetery 🗌 No attendance		
Location			
Date	Time		
Special service requirement	S		
Other remarks			
Details of the type of place	of interment:	Reopen	

Signature of Applicant

Date

## PRIVACY STATEMENT

Any personal information you provide in your application will be treated in accordance with the principles set out in the *Information Privacy Act 2000*. You are able to request access to the information that we hold about you, and to request its correction if necessary.

The information you provide to us is required to help us process your application and notify you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights under the *Cemeteries and Crematoria Act 2003*. Except for information you are required under that legislation to submit with your application, you are not obliged to provide any personal information. However, should you choose not to provide this information, we may not be able to process your application or provide the services to you for which the information is required.

We may also want to use and disclose the information for the purpose of providing you with information about memorialisation goods and services. If you do not want us to use the information for such purposes please tell us:

I do not wish to receive information about memorialisation goods and services

Under the Cemeteries and Crematoria Act 2003, we also are required to keep records containing certain information regarding interments, cremations and rights