



CARRATHOOL SHIRE COUNCIL

9-11 Cobram Street Goolgowi NSW 2652

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Application for Burial Permit

Form: 121
Doc Id: 334813

Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries can be addressed to Council by telephoning 02 6965 1900

Application is made to Carrathool Shire Council

Application for a permit to bury should be submitted eight (8) working days prior to burial time, to Carrathool Shire Council. Certificate Part 3 of the Registration of *Births, Deaths, and Marriages Act 1973* OR Coroner's Order for Burial OR Medical Certificate of Cause of Death MUST accompany this application.

Deceased Information			
Deceased Person			
Late Address			
Occupation		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth	Age	Denomination	
Certificate of Death	Doctor / Coroner:		Date of Death:
Location & Service Information			
Location of Interment			
Service Date		Service Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Service Type <input type="checkbox"/> Normal Service <input type="checkbox"/> Mass <input type="checkbox"/> Grave Side Service / <input type="checkbox"/> New Grave <input type="checkbox"/> Re-open <input type="checkbox"/> Ashes			
Officiating Clergy person			
Section		Row	
Depth		E.T.A	
Funeral Director			
Signature			
Right of Burial (Complete one part only)			
NEW GRAVE CERTIFICATE OF RIGHT OF BURIAL		RE-OPENED GRAVE DECLARATION OF RIGHT OF BURIAL	
The right of burial (for the 2 nd interment with the deceased named above) is to be held in the name of:		I, the applicant named below, authorise Carrathool Shire Council to re-open the grave of:	
Surname:	
Given names:		Date of Death Burial:.....	
Address:		for interment of the deceased name in Section 1.	
.....Ph:.....		Relationship of the deceased to 1 st interment	
Relationship to deceased:	
Authorised by the applicant named below		Right of Burial No:	
Applicant Information			
Full Name			
Address			
Relationship to Deceased			
I declare that the information given in this application is to the best of my knowledge true and correct.			
Signature		Date: / /	
Office Use Only			
Signature			
Name			
Position			