|  |
| --- |
| Purpose of this application form |
| * ONE application is required for EACH Interment / Burial at least 48 hours prior to burial. * All interments / burials require approval by Council and all works must be undertaken by an authorised person. * The cemetery fees will be calculated after submission. The applicant will be invoiced following the burial. * All applications must comply with the guidelines laid out in the BVSC Cemetery procedures. |

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| Application Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Address** | **Street or PO Box** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Suburb** | | | |  | | | | | | | | | | | **State** | | | | |  | | **Postcode** | | | | |  |
| **Contact Details** | **Home Phone** | | | |  | | **Mobile** | | |  | | | | | | **Work Phone** | | | | | | |  | | | | | |
| **Email** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relationship to deceased** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of the Deceased | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Also known as** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Last Address** | | **Street** | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Before Death** | | **Suburb** | |  | | | | | | | | | | | | | **State** | | |  | | | **Postcode** | | | |  | |
| **Occupation** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age** | | **Date of Birth** | |  | | | **Place of Birth** | | | | | |  | | | | | | **Date of Death** | | | | | |  | | | |
| Next of Kin or Secondary Contact Nominated by Holder of Interment Right | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Address** | | **Street or PO Box** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Suburb** | | |  | | | | | | | | | **State** | | |  | | | | | **Postcode** | | | |  | | |
| **Contact Details** | | **Home Phone** | | |  | | **Mobile** | |  | | | | | **Work Phone** | | | | | | | |  | | | | | | |
| **Email** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please attach an additional sheet to register more than one secondary contact.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funeral Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Funeral Director** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a current ‘Permit to undertake works’ with Council?** | | | | | | Yes | | No | | | If no, please contact Council on 02 6499 2222 or [cemeteries@begavalley.nsw.gov.au](mailto:cemeteries@begavalley.nsw.gov.au) | | | | | | | | | | | | | | | | | |
| **Cemetery Location** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **When** | | | | | | **Date** | | | | | | | | | **Time** | | | | | | | | | | | | | |
| **Booking Details** *(Surcharges apply to weekends or public holidays)* | | | | | | **Service Type** | | Church service | | | | Chapel service | | | | | | Graveside | | | | | | Private service | | | | |
| **Church Service/Chapel Service address** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of officiating clergy** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Dates and times must be confirmed by Council prior to confirmation with the applicant.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Burial Details | | | | |
| **Booking details** | Single depth | Double depth | Lawn first interment | Lawn second interment |
| **Reopening of existing graves** | Existing monument in place | | Lift lid or removal of floor fee could apply. | |
| **Coffin size (metric)** |  | | Oversize Opening Surcharge (in excess of 720mm x 2100mm) | |

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| Plot Details | | | | | | | | | | | | | | | | |
| **Previous reservation** | | If yes, provide Burial Licence No       or Perpetual Interment Right Certificate No | | | | | | | | | | | | | | |
| **Provide details of the reserved plot** | | | | | | | | | | | | | | | | |
| Religion | | Section/Wall/Niche No | | | | | | Row/Rock No | | | | | Plot/Rock No | | | |
| **Where there is no previous reservation, a Perpetual Interment Right Application Form will need to be completed and submitted to Council as soon as possible.** Council will endeavour to locate according to preferences where possible and at Council’s discretion. | | | | | | | | | | | | | | | | |
| **Location preferences** | | | | | | | | | | | | | | | | |
| **Name of person (if any) who continues to hold an interment right to the allotment** | | | | | | | | | | | | | | | | |
| **Full Name** |  | | | | | | | | | | | | | | | |
| **Postal Address** | **Street or PO Box** | | | |  | | | | | | | | | | | |
|  | **Suburb** | | | |  | | | | | **State** | |  | | | **Postcode** |  |
| **Contact Details** | **Home Phone** | | | |  | | **Mobile** |  | | **Work Phone** | | | | |  | |
| **Email** |  | | | | | | | | | | | | | | | |
| *Please attach an additional sheet to register more than two holders.* | | | | | | | | | | | | | | | | |
| Payment details | | | | | | | | | | | | | | | | |
| **Invoice to be sent to** | | | Applicant | | | | Funeral Director | | | | Other  If yes, complete below | | | | | |
| **Payee’s Name** |  | | | | | | | | | | | | | | | |
| **Postal Address** | **Street or PO Box** | | |  | | | | | | | | | | | | |
|  | **Suburb** | | |  | | | | | | **State** | |  | | | **Postcode** |  |
| **Contact Details** | **Home Phone** | | |  | | | **Mobile** |  | | **Work Phone** | | | | |  | |
| **Email** |  | | | | | | | | | | | | | | | |
| A schedule of Bega Valley Shire Council’s fees and charges can be found at [www.begavalley.nsw.gov.au](http://www.begavalley.nsw.gov.au)  All forms must be lodged to [cemeteries@begavalley.nsw.gov.au](mailto:cemeteries@begavalley.nsw.gov.au). | | | | | | | | | | | | | | | | |
| Privacy Declaration | | | | | | | | | | | | | | | | |
| Information collected on this form is held in accordance with the *Privacy and Personal Information Protection Act 1998*. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legal required to do so. We will take all reasonable steps to protect the security of any personal information held. Be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the *Privacy and Personal Information Protection Act 1998*. | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY: DO NOT PAY ON THIS FORM – AN INVOICE WILL BE SENT TO THE NOMINATED PAYEE.** | | | | | | | | | | | | | | | | |
| **Site Allocation** | Religion | | | | |  | | | Section | | | | |  | | |
| Row | | | | |  | | | Plot | | | | |  | | |
| **Fees Allocation** | Perpetual Interment Right fee | | | | |  | | | Single Depth fee | | | | |  | | |
| Cemetery Maintenance fee | | | | |  | | | Double Depth fee | | | | |  | | |
| Lawn General / Monumental | | | | |  | | | Single Depth shored fee | | | | |  | | |
| Plot marking fee | | | | |  | | | Double Depth shored fee | | | | |  | | |
| Fixing of plaque fee | | | | |  | | | Other | | | | |  | | |
| Coffin oversize surcharge | | | | |  | | | **Total fee** | | | | |  | | |