



# Burial Application

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## Burial Authority

This form must be completed by the interment right holder *or* a person authorised to exercise the interment right in accordance with Section 35 of the *Burial and Cremation Act 2013* (see overleaf).

## DECEASED DETAILS

Title: ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Miss Gender: ☐ M ☐ F  
First Name/s: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
The deceased person died of natural causes ☐ Yes ☐ No  
Authorisation for the Certificate of Identification was issued by: \_\_\_\_\_

## INTERMENT LOCATION – please select ONE ONLY

☐ A Council to allocate new interment right

CEMETERY: \_\_\_\_\_ GRAVE SITE \_\_\_\_\_

☐ B Existing location at \_\_\_\_\_ Cemetery

Name of right holders/s \_\_\_\_\_ Right Number: \_\_\_\_\_  
Location Details: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Existing interments at Site: ☐ Yes ☐ No

## INSTRUCTION FOR INTERMENT – please enter details and indicate as applicable

Interment Depth ☐ 1 ☐ 2 Lift and Deepen Required ☐ Yes ☐ No

Coffin Size (in millimetres) \_\_\_\_\_  
Length x Width

Coffin Type ☐ Coffin ☐ Casket

Number of Previous Interments and Depths: \_\_\_\_\_

Name of Funeral Company: \_\_\_\_\_

Arranger Name (please print) \_\_\_\_\_ Arranger Signature: \_\_\_\_\_

## BURIAL DETAILS

DATE: \_\_\_\_\_ TIME \_\_\_\_\_

MINISTER OFFICIATING: \_\_\_\_\_

**AUTHORISED PERSON DETAILS**Title: ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Miss Gender: ☐ M ☐ F Date of Birth: \_\_\_\_\_

First Name/s: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (W) \_\_\_\_\_ Tel (H) \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Email: \_\_\_\_\_

**I acknowledge that I have read and understand my rights and responsibilities and declare that I am the interment right holder or a person authorised to exercise the interment right in accordance with the conditions listed below.**

Authorised Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NB Copies of documentation which meet the requirements of section 12.2 of the Burial and Cremation Act 2013 and Regulation 9 must be provided.**

Attached ☐ Yes ☐ No**Your rights and responsibilities:****New interment right**

- If a new interment right is being requested in order to facilitate this burial, the Authorised Person will become the interment right holder.
- In signing this Burial Authority, the Authorised Person acknowledges receipt of a Statement by the Funeral Director if a new interment is required.
- An interment rights will only be granted to one interment right holder.

**Authority to exercise the interment right**

- Only the interment right holder may exercise an interment right, provided that if the interment right holder is deceased the interment right may be exercised by the person representative of the deceased interment right holder (by definition the Executor or Administrator of the Deceased Estate) in accordance with section 35 of the *Burial and Cremation Act 2013*.
- If there is no personal representative the interment right may be exercised in accordance with regulation 32 of the *Burial and Cremation Regulations 2014* as follows:
  - by the spouse of domestic partner of the deceased interment right holder; or
  - if there is no surviving spouse or domestic partner – by the eldest living relative of the deceased interment right holder in the following descending order of priority:
    - a child;
    - a grandchild or great-grandchild;
    - a brother or sister;
    - a parent;
    - a grandparent;
    - an aunt or uncle;
    - a nephew or niece;
    - a cousin;
    - any other blood relative