

## 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		Date of Death (if known)			
Place of Death		Occupation			
Sex		Domestic Partnership Status			
Last Known Address					Postcode
Date of Interment		Time of Interment			

**Applicant Details**

Surname		Other names			
Address					Postcode
Contact Number		Email			
Relationship to the deceased					

**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)

<b>Container Type</b> <input type="checkbox"/> Urn <input type="checkbox"/> Crematorium Box <input type="checkbox"/> Crematorium Cylinder <input type="checkbox"/> No container <input type="checkbox"/> Other (please describe)	<b>Container Size</b> Length (mm) Width (mm) Height (mm)	
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**Part C: Applicant Signature**

<b>Signature of Applicant</b>	<b>Date</b>	
<b>Signature of Witness</b>	<b>Date</b>	
<b>Name of Witness</b>		

Please tick if you **do not** wish to receive a post service survey from Canberra Cemeteries

**Part D: Office Use Only**

<b>Portion Number</b>	
<b>Section Number</b>	
<b>Block/Row Number</b>	
<b>Allotment Number</b>	

- Certification Document (sighted and attached)
- Right to Interment Certificate (issued **OR** verified)
- Database and maps updated
- Post-interment paperwork sent

<b>Signature</b>	
<b>Name</b>	
<b>Date</b>	