

APPLICATION FOR BURIAL OR INTERMENT OF ASHES

OFFICE USE ONLY

TRIM No:
Burial No:
Date:

APPLICATION TYPE

<input type="checkbox"/> New Grave	<input type="checkbox"/> Re-Open Grave
<input type="checkbox"/> Ashes into Cremated Remains Sections (PAWC)	<input type="checkbox"/> Ashes into existing Grave
<input type="checkbox"/> Funeral AssistanceSA (Dept. of Human Services)	<input type="checkbox"/> Ashes into Niche Wall / Remembrance Pathway (SNGC)

BURIAL DETAILS

Cemetery		
Section	Block Number	Plot Number
Other details		

DECEASED DETAILS

DECEASED DETAILS: (Please print full legal name clearly)

Surname		Given Name/s	
Last Known Address			
Date of Birth		Date of Death	
Age		Place of Death	
Date of Burial / Interment		Minister	

AUTHORISED REPRESENTATIVE HOLDING INTERMENT RIGHTS DETAILS

CEMETERY FEES PAYABLE BY

Name		Funeral Director / Authorised Rep
Address		
Home Phone		Mobile
Email		
Relationship to Deceased		

FUNERAL DIRECTOR

Company Name			
Postal Address			
Phone		Fax	
Email			

BURIAL DETAILS

TYPE OF BURIAL/INTERMENT REQUEST

New Burial / Ashes Interment: <input type="checkbox"/>	Re-Open Burial / Ashes Interment: <input type="checkbox"/>	Infant / Baby Burial / Interment: <input type="checkbox"/>
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BURIAL/INTERMENT ASHES DETAILS

Proposed Day & Date of Burial / Interment					
Time of Set-up at Cemetery		Time of Service (if any)		Graveside Service	Y / N
Arrival at Cemetery (for/after service)		Time of Burial / Interment*			
Partial Certificate of Death Provided		Certificate of Cremation Provided (for ashes interments)			

*** Please note:** The location and surrounding area must be vacated by the public no more than two (2) hours after this time to allow a grave to be backfilled. Members of the public are not required to leave the cemetery.

CASKET/COFFIN/ASHES CONTAINER DETAILS			
Coffin / Casket / Shroud / Ashes Container			
Please provide the outside measurements of the Casket / Coffin / Ashes Container (Length, Width & Depth)			
BURIAL REQUESTS			
DOES THE FAMILY WISH TO BACKFILL THE GRAVE BY HAND?		Yes	No
If yes, one loader-bucket of soil and two shovels will be placed next to the grave site prior to the funeral for the families use.			
<p>Please note: This will be sufficient to partially backfill the grave only. It is the Cemetery Authority's (in this case Council) legal responsibility to back fill a grave completely, after ALL family/friends and members of the public have vacated the surrounding area of the interment location, to ensure the safety of both the public attending the funeral and Council Operators.</p>			
ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS			
LODGEMENT CONDITIONS			
HOW TO LODGE YOUR APPLICATION			
<p>This Application for Burial/Interment must be lodged with Port Augusta City Council at least 2 working days prior to the proposed Burial/Interment of Ashes.</p> <p>You may lodge this application by either: Fax: (08) 8641 0357 Email: admin@portaugusta.sa.gov.au</p> <p>Council will contact the Funeral Director if any further information is required in relation to this application.</p> <p>Port Augusta City Council requires a copy of the 'Partial Certificate of Death' prior to approval being given.</p>	<p>Port Augusta City Council does not take responsibility for any damage caused in the removal of granite tops.</p> <p>Approval Port Augusta City Council approval must be granted prior to funeral arrangements being finalised in relation to this grave order.</p> <p>Fees Fees are calculated in accordance with Council's adopted fees and charges.</p>	<p>Payment Method Council will invoice Grantee/Funeral Director once the Permit for Burial has been issued.</p> <p>How to Contact Us Phone: (08) 8641 9100 Fax: (08) 8641 0357 Email: admin@portaugusta.sa.gov.au</p> <p>Office Hours 9am to 5pm Monday to Friday</p>	
OTHER INFORMATION			
FUNERAL DIRECTOR			
The funeral director is responsible for supplying lowering devices/equipment to undertake burial. Written permission must be obtained from Council to use heavy mobile equipment and a Safe Work Method statement must be provided.			
CONFIRMATION			
CONFIRMATION APPROVAL			
I confirm that I have read and understood the abovementioned conditions.			
Signed:		Date:	
OFFICE USE ONLY			
RECORD NUMBER			
<input type="checkbox"/> Booking in Calendar		<input type="checkbox"/> Registers Updated	
<input type="checkbox"/> CRM Submitted CRM No:		<input type="checkbox"/> Confirmation Form Emailed	
<input type="checkbox"/> Partial Death / Cremation Certificate Received		<input type="checkbox"/> Interment Right Certificate Issued and TRIMmed	