

Application for Interment Permit

This form is to be lodged with Council at least 24 hours prior to the time of interment. A copy of the death certificate must accompany this application. It is the responsibility of the Funeral Director to arrange appropriate grave opening

1. Applicant Details:

Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
Family Name:		Given Name/s:
Company/Organisation (if applicable):		
Postal Address:		
Suburb:		Postcode:
Contact Person (if applicable):		
Email Address:		
Home Phone:	Business Phone:	Mobile:
Executor: <input type="radio"/> Yes <input type="radio"/> No		Relationship to Deceased:
Secondary Contact Person (Required)		Name:
Postal Address:		Phone:

2. Details of Deceased

Cemetery	Row	Allotment number
Full name of deceased		
Age	Date of birth	Date of death
Cultural/religious practices of the deceased (if any):		
Place of death		
Last known address of deceased		
Suburb:		Postcode:
Officiating celebrant (if applicable)		
Funeral director (if applicable)		
Date of interment		Time of interment

3. Name and address of any person who continues to hold a right of interment in that allotment:

Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
Family Name:		Given Name/s:
Company/Organisation (if applicable):		PTO



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Postal Address:		
Suburb:	Postcode:	
Contact Person (if applicable):		
Email Address:		
Home Phone:	Business Phone:	Mobile:

Signature:		Date:	
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Office Use Only: RC33

Office Use Only

Licence Fee: H05 GST Exempt	Receipt Number:	Amount:
Date Paid:		Council Ref: F2004/08327

Please return form to:

Administration Officer
Compliance & Certifications
Hornsby Shire Council
296 Peats Ferry Road
HORNSBY NSW 2077

Note: An invoice will be forwarded under separate cover when Council processes the application.