



MOUNT BARKER
DISTRICT COUNCIL

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INTERMENT BOOKING.....CEMETERY

Day of Interment..... Date.....
Interment Time.....

Details of Deceased – all required

Surname: (Mr / Mrs / Ms / Miss)
Given Names:
Address:
..... Postcode:
Age: Male / Female Date of Death:/...../.....
Religion:

Site Details – Interment / Interment of Ashes

Section: Interment site No.:
Depth: Normal / Extra / Triple / Baby
Grave: Re-opening / New Ground Coffin: Normal / Couch
Interment of Ashes: Wall / Family Memorial Plot / Existing Interment site / Remembrance Garden /
Rose Garden / Contemplation Garden

Interment Right:

New / Existing / Update

Interment no:

Surname: (Mr / Mrs / Ms / Miss)
Given Names: Email Address:
Postal Address:
Postcode: Ph: Mb:
Plot No.: Section No: Expiry Date:/...../.....

Relationship Entitlement: (Please tick one only)

I do solemnly and sincerely declare that:

- ☐ I am the register Interment Right Holder
☐ the Executor or Administrator,
☐ I am the Personal Representative of the Registered Interment Right Holder who is deceased. (Sections 3 & 35 of the *Burial and Cremation Act 2013* (SA)).
☐ I am entitled to the interment right in accordance with Regulation 32 of the *Burial and Cremation regulations 2014* (SA), being:
☐ The spouse or 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:

- ☐ the legally married spouse of the Interment Right holder;
- ☐ the domestic partner of the Interment Right holder;
- ☐ the eldest living and legally capable child of the Interment Right holder;
- ☐ the eldest living and legally capable grandchild of the Interment Right holder;
- ☐ the eldest living and legally capable sibling of the Interment Right holder;
- ☐ the eldest living and legally capable blood relative of the Interment Right holder.
- ☐ None of the above: Letter of approval by entitled person above required.

Signature: Date:

Fees and Charges	Fees

Please send invoice to:

Name:

Email Address:

Postal Address: Postcode:

Contact Phone: Mobile:

Ashes Location

Office Use Only – Cemetery Grounds Curator

Map Added: YES / NO

Accounts Copy: YES / NO

TRIM Copy: YES / NO

Unity Added: YES/NO

Office Use Only – Cemetery Records

Lease No:

Lease Date:/...../.....

Interment Receipt No:

Burial Register Number:

Inspection of nameplate YES / NO

Date/...../.....

By:

Printed name:

Inspected By:

Printed name:

Copy of Form 6 & Form 7: ...☐...Date of issue:

CCASA form required: YES / NO