

## Application for Burial at Cemetery

**NOTE:**

1. The application must be lodged with Canberra Memorial Parks before a burial 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 the relevant Funeral Director
3. Part E must be completed by Canberra Memorial Parks.

### Part A: Application for Burial

#### 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 Burial		Time of Burial		

#### Applicant Details

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

#### Right to burial (s 8 of *Cemeteries and Crematoria Act 2020*)

- Yes – attach copy of right to burial
  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
- If fetal remains, a signed statement by a doctor, nurse or midwife stating that the remains are fetal remains and there is no reason why the remains should not be buried is attached

**Part B: Right to Burial (s 8 of Cemeteries and Crematoria Act 2020)**
**Application for burial in a new allotment** *(complete if applying for burial in a new allotment)*

Cemetery	
Allotment Type (eg. lawn, headstone)	
Denomination (if any)	

**OR**

**Application for burial 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)

**Has the deceased provided instructions about whether the grave is permitted to be used for future burials of family members?** *(complete if applying for burial in a new allotment **OR** burial in an existing grave)*

- YES                       NO

**Part C: Applicant Signature**

Signature of Applicant		Date	
Signature of Witness		Date	
Name of Witness			

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

**Part D: Funeral Director Declaration**

- I have verified that the remains submitted for burial as those of the above-mentioned deceased  
 I have provided a certification document for burial or approval for burial without a certification document  
 The deceased will be buried in an approved an acceptable container or acceptable wrapping

**OR**

- The deceased will be buried in a container approved by the Chief Health Officer and appropriate certification is attached

<input type="checkbox"/> Casket <input type="checkbox"/> Coffin	Depth of Burial
Length (mm)	<input type="checkbox"/> Single <input type="checkbox"/> Vault
Width (mm)	<input type="checkbox"/> Double <input type="checkbox"/> Crypt
Height (mm)	<input type="checkbox"/> Triple

Signature	
Date	
Name	
Company	

**Part E: Office Use Only**

Portion Number	
Section Number	
Block/Row Number	
Allotment Number	

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

Signature	
Name	
Date	