

Walgett Shire Council

Application for Perpetual Interment Right AND Order for Interment

(New Grave Site Burial)

ABN 88 769 385
P.O. Box 31, Walgett NSW 2832
Email: admin@walgett.nsw.gov.au
Telephone: (02) 6828 1399

WORKS MUST NOT COMMENCE UNTIL AN APPROVAL IS ISSUED BY COUNCIL PER CEMETERIES AND CREMATORIA ACT 2013. THE APPROVAL IS SUBJECT TO CONDITIONS. A MINIMUM OF 48 HOURS PRIOR NOTICE IS REQUIRED FOR BURIAL APPLICATIONS

Funeral Director Details										
Given Names			Surnar	ne						
Address			•	1						
Home Phone		Work Phone			Mobile					
Email										
Intended Interment Right Holder One Details										
Given Names			Surnar	ne						
Address										
Home Phone		Work Phone			Mobile					
Email		•				•				
Intended Interment Right Holder Two Details										
Given Names			Surnar	ne						
Address										
Home Phone		Work Phone			Mobile					
Email										
Next of Kin/Secondary Contact nominated by holder of interment right										
Given Names	•		Surnar							
Address			•	•						
Home Phone		Work Phone			Mobile					
Email										
Interment Site										
Cemetery				Monumental □ Lawn □ Beam □						
Section										
Plot Number										
Maximum allow	wed caskets	2 🗌 (Double Depth Site)								
Maximum allow	wed ashes inter	red into site		Maximum allowed people interred						
Identify the person or persons whose remains may be interred:										
OR										
Class of persons whose remains may be interred:										
Class of person	is whose remai	no may be mee								
OR										
	ss of person wh	no may nominat	te the pe	erson/s who	ose remai	ns may be inter	red:			
	-		-			-				



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Site Sketch									
Details of the deceased									
Casket [Ashes \square							
Given Na	ames			Surname	<u> </u>				
Last Add	lress								
Place of	Death					Male □ Female □			
Date of E	Birth		Date of Death			Date of Interment			
Age			Religion/Cultural Practice						
Grave Excavation									
Depth: Single Depth \square Double Depth \square Re-Opening \square									
Size:	Size: Full Size □ Child □								
Day:	y: Weekday Weekend OR Public Holiday Weekday								
Applicant's acknowledgement/declaration									
I acknowledge that all terms and conditions have been disclosed and explained to me and the details on this for are true and correct.									
Signat	ure					 Date			
Paymen	t								
Interme	nt								
Weekend/Public Holiday									
Extra (Double) Depth									
Total									
* Fees a	* Fees and charges apply, please refer to Council's schedule of fees.								
						er the minimum 48 hours notice required.			
Receipt I			Receipt Da			Receipt Amount			