



APPLICATION FOR ISSUE OF A CERTIFICATE OF EXCLUSIVE RIGHT OF BURIAL

PART 1

APPLICANT'S PERSONAL DETAILS:

FULL NAME.....
Surname Christian Names

ADDRESS:

TOWN:

STATE: POSTCODE:

TELEPHONE NO:
Home Work

OCCUPATION:.....

DATE OF BIRTH:

JOINT APPLICANTS

SPOUSE'S FULL NAME
Surname Christian Names

SPOUSE'S ADDRESS:

TOWN:

STATE: POSTCODE:

TELEPHONE NO:
Home Work

SPOUSE'S OCCUPATION:
.....

SPOUSE'S DATE OF BIRTH:

CHILD'S/CHILDREN'S FULL NAME(S):

.....
.....
.....



PART 2

NEXT OF KIN - FUNERAL ARRANGEMENTS

.....
FULL NAME OF APPLICANT'S NEXT OF KIN:

.....
ADDRESS:

TOWN:

STATE: **POSTCODE:**

TELEPHONE NO:
Home Work

1. Are you a member of any pre-paid funeral scheme/fund?
If so, please provide full details

2. Details of right of burial sought:
Name of Cemetery:.....
Portion/Section of Cemetery:.....
Do you, or your spouse hold any other certificates of exclusive right of burial?...
If so, please provide full details.....

3. If you, or your spouse should hold any other certificates of exclusive right of burial,
what are your reasons for making application for a further right of burial?
.....
.....
.....
.....

PART 3

CONSENT TO BURIAL OF SPOUSE AND CHILDREN

- 1. Do you consent to the burial of your spouse's remains in the burial place to which the certificate of exclusive right of burial may issue?
- 2. Do you consent to the burial of your children(s) remains in the burial place to which the certificate of exclusive right of burial may issue?

I ACKNOWLEDGE THAT BY MAKING THIS APPLICATION the only compensation that the Berrigan Shire Council is liable to pay to me in the event that it permits my spouse or child or children to be buried in the burial place without my consent is an amount equal to the fee currently charged by the Berrigan Shire Council for the grant of an exclusive right of burial in respect of a comparable burial place.

Personal Information collected by the Council will be treated as per the Council's Privacy Management Plan and the *Privacy and Personal Information Protection Act 1998*.



PART 4

PAYMENT OF FEE AND ACKNOWLEDGMENTS:

I **ENCLOSE** my cheque in the sum of **\$271.00** in payment of the prescribed fee for the grant of the Certificate of Exclusive Right of Burial and **ACKNOWLEDGE** that this fee is refundable in full if my application is not successful. I **ACKNOWLEDGE** that the acceptance of this application form and fee does not constitute any binding agreement on the Berrigan Shire Council to issue to me a Certificate of Exclusive Right of Burial.

I **FURTHER ACKNOWLEDGE** that the grant of the Exclusive Right of Burial or that any transfer of any Exclusive Right of Burial is subject to the consent of the Berrigan Shire Council who, in its opinion, may refuse to grant or transfer an Exclusive Right of Burial if it would tend to create a monopoly or encourage dealing in such rights as a business.

I **DECLARE** that my application for the issue of a Certificate of an Exclusive Right of Burial is solely for the personal use of myself, spouse and children and is not being acquired for the purpose of conducting a business.

I **FURTHER ACKNOWLEDGE** that I may bequeath the Exclusive Right of Burial as if it formed part of my personal estate and that it is my responsibility to advise my next of kin/executors of the existence of the Exclusive Right of Burial or any bequest relating to same and that in the event of my next of kin/executors shall not provide such notification within twelve (12) months from the date of my death that the right of burial, at the option of the Berrigan Shire Council shall lapse and be liable for cancellation without any compensation being paid in respect therefore.

I **FURTHER ACKNOWLEDGE** that if upon my death my remains are not buried in the Burial Place in respect of which the right is granted, and I shall not have bequeathed such right or given any consent to the burial of my spouse or children, then at the expiration of twelve (12) months from the date of my death, the cemetery authority/trust shall, at its option, be entitled to cancel the right of burial and shall not be liable to pay any compensation to my estate in respect of such cancellation.

DATED the day of in the year

SIGNED BY THE APPLICANT:

.....

INDEPENDENT ADULT WITNESS:

.....
Name Signature

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