

(PG-FO-603) APPLICATION FOR PERMIT TO BURY

(TO BE COMPLETED & *LODGED* AT THE CEMETERY OFFICE EIGHT (8) WORKING HOURS PRIOR TO INTERMENT) – EMAIL cemetary@griffith.nsw.gov.au

Certificate PR315 under Sec.39(1)(B), Registration Births, Deaths and Marriages Act 1899, OR Coroner's Order for Burial OR Medical Certificate of Cause of Death vide Sec.27A of such Act MUST accompany this Application for Burial.

DECEASED DETAILS

SURNAME OF DECEASED _____

CHRISTIAN NAME(S) _____

ADDRESS OF DECEASED _____

DENOMINATION OF DECEASED _____

DOES THE DECEASED HOLD A RIGHT OF BURIAL (If YES the Right of Burial MUST be surrendered)

☐

YES

☐

NO

RIGHT of BURIAL No

DATE of BIRTH ____ / ____ / ____

DATE of DEATH ____ / ____ / ____

SEX MALE / FEMALE

AGE ____

DOCTOR/CORONER _____

PLACE OF DEATH _____

SERVICE DETAILS

DATE of SERVICE ____ / ____ / ____ TIME ____ AM/PM

CLERGY NAME _____

CHURCH _____

☐

PRAYERS

☐

MASS

☐

GRAVESIDE

☐

CHURCH SERVICE

FUNERAL DETAILS

INTERMENT DATE ____ / ____ / ____ COFFIN SIZE _____ mm

☐


STANDARD

☐


GRECIAN URN

☐


SQUARE

☐


CLASSIC REGAL

ASHES ☐

URN SIZE

mm

FUNERAL DIRECTOR _____

PHONE _____

FACSIMILE _____

EMAIL ADDRESS _____

LOCATION

GRIFFITH ☐ YENDA ☐ IS THIS A NEW GRAVE ☐ OR RE-OPENED GRAVE ☐

SECTION _____

ROW _____

GRAVE _____

RE-OPENED GRAVE

THE NEXT OF KIN NAMED BELOW, AUTHORISES GRIFFITH CITY COUNCIL TO RE-OPEN THE GRAVE OF:

NAME _____

DATE of DEATH ____ / ____ / ____ RELATIONSHIP _____

AUTHORITY FOR BURIAL

NAME _____

PHONE _____

ADDRESS _____

RELATIONSHIP _____

SIGNATURE _____

CERTIFICATE OF RIGHT OF BURIAL

If payment is made for the SECOND Interment the *Application for Reservation* form is to be completed and attached to this form to enable Council to issue a Right of Burial.

PLEASE NOTE: If ALL sections of the Application for Permit to Bury are NOT fully completed the Permit to Bury will not be issued and CONFIRMATION of the Funeral WILL NOT be granted