




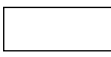
If you need help lodging your form, contact us		Office use only	
<b>Email</b>	cemeteries@northernbeaches.nsw.gov.au	<b>Form ID</b>	4110
<b>Phone</b>	8495 6127	<b>TRIM Ref</b>	
<b>Cemeteries</b>	<b>Manly Cemetery</b> Griffiths Street, Manly NSW 2095	<b>Last Updated</b>	October 2021
	<b>Mona Vale General Cemetery</b> 107 Mona Vale Road, Mona Vale NSW 2103	<b>Business Unit</b>	Property
		<b>Application No.</b>	
		<b>Receipt No.</b>	

Privacy Protection Notice	
<b>Purpose of collection:</b>	For Council to provide services to the community
<b>Intended recipients:</b>	Northern Beaches Council staff
<b>Supply:</b>	If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek
<b>Access/Correction:</b>	Please contact Customer Service on 1300 434 434 to access or correct your personal information
Privacy Declaration	
<p>Information collected on this form is held in accordance with the Privacy and Personal Information Protection Act 1998. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the Cemeteries and Crematoria Act 2013. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the Privacy and Personal Information Protection Act 1998.</p>	

## 1. Funeral Details

<b>Full Name of Deceased</b>			
<b>Day &amp; Date of Interment</b>			
<b>Time at Cemetery</b>			
<b>Chapel/Church Service</b>	<b>Yes</b>	<b>No</b>	
<b>Location of Chapel/Church</b>			<b>Time</b>
<b>Funeral Director</b>			<b>Clergy/Celebrant</b>
<b>Telephone</b>			
<b>Email</b>			
<b>Address</b>			
<b>Booked by</b>		<b>Date</b>	

## 2. Site Location

Denomination				
Section			Site Number	
<input type="checkbox"/> New site	<input type="checkbox"/> Reserved site	<input type="checkbox"/> Reopen site*		
*Name of previous burial/s				
Coffin Size (incl. handles)	Length	mm x width	mm x height	mm
or	Length	feet x width	inches x height	inches
Coffin Shape	Coffin (tapered) 	Casket (rectangular) 	Other	
<b>COFFIN DIMENSIONS &amp; SHAPE MUST BE CORRECT AS THE GRAVE IS DUG TO THESE SPECIFICATIONS</b>				
Material	<input type="checkbox"/> Solid timber	<input type="checkbox"/> Particleboard	<input type="checkbox"/> Other	Details:
Special Requirements*	<b>Lowering Device (where possible)</b> Use of lowering device is not available on graves with monuments and is at the discretion of the Gravedigger.			
	<b>Canopy</b> Canopy and chairs will be placed as close as possible to grave but generally not above grave. Canopy not available in windy weather.			
	<input type="checkbox"/> Chairs	<input type="checkbox"/> Other		
Details				

## 3. Deceased Details

Address of Deceased				
Cause of Death			Infectious Disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth/Date of Death				
Place of Birth				
Place of Death	<input type="checkbox"/> Hospital	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Residence	<input type="checkbox"/> Other
Address of above				
Age			Sex	
Is Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> NX Number	<input type="checkbox"/> Marital Status	
Former Occupation			Religion	

## 4. Interment Rights Holder/Next of Kin Details

Note - if the applicant is acting on behalf of the Interment Right holder, please check with the cemetery to confirm that the applicant has appropriate authority to request the opening of the site.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Name					
Relationship to Deceased					
Home address				Postcode	
Postal address				Postcode	
Phone (H)			Phone (M)		
Email					
DOB					
Rights Holder /NOK signature					
Date					

## 5. Cemetery Fees

All cheques to be made payable to "Northern Beaches Council"

<b>Purchase Interment Right</b>		<b>Note: payment is required minimum 48 hours prior to funeral</b> <b>*Mason will invoice separately for remove/replace of ledger or infill</b>
<b>Interment Fee</b>		
<b>Surcharge * / Other</b>		
<b>Total (Incl. Gst)</b>		

## 6. Acknowledgement and Indemnity

1. I, the undersigned, request the Cemetery Operator (Northern Beaches Council) to issue an Order for Interment for the opening of the burial site and interment of the deceased, and certify that I am duly empowered to authorise the opening of the burial site and that the said deceased should be rightly interred in that site. Further, I, the undersigned do indemnify and hold safe and harmless the Cemetery Operator against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever by reason of the Operator having consented to the opening of the site and interment of the deceased.

2. A memorial to the deceased person can be erected upon the interment site, subject to the following;

- It is of the type allowed under the Cemetery Operator's policy/procedures/requirements in that specific interment section
- No memorial may be erected without prior written approval of the Cemetery Operator
- No existing memorial may be altered or removed without the Cemetery Operator's prior written approval

3. The Cemetery Operator reserves the right to refuse permission for any proposed memorial construction or alteration in its absolute discretion without assigning any reason. The Cemetery Operator has the right (but not the obligation) to remove any unapproved memorial or alteration without notice to any person.

4. The Cemetery Operator may accept and process any application concerning an Interment Right from any person/s declaring they are authorised to do so (upon provision of satisfactory written or documentary evidence satisfactory to the Cemetery Operator and payment of the associated fee)

5. The Interment Right holder/s is/are responsible for the care and maintenance of individual interment sites where they have erected a memorial.

6. Glass or other items that the Cemetery Operator deems to be a safety hazard are not permitted and if necessary may be removed without notice to any person.

7. The Cemetery Operator reserves the right to review and/or amend these Terms and Conditions, its holdings, interment sites and property within its cemeteries at any time, without notice to you.

8. If an existing memorial impedes the conduct of the interment, the Cemetery Operator may require it to be removed, at the Applicant's expense.

9. Scattered cremated remains are irretrievable.

10. Additional information is available in the Cemetery Operator's Regulations available at [northernbeaches.nsw.gov.au](http://northernbeaches.nsw.gov.au) or on request.

I/we hereby acknowledge that I/we have read, understood and accept the attached Terms and Conditions for an application for an Order for Interment at the Mona Vale or Manly Cemetery and agree to abide by the cemetery regulations.

<b>Dated this</b>		<b>day of</b>		<b>20</b>	
<b>Rights Holder/NOK Name &amp; Signature</b>					
<b>Witness Name &amp; Signature</b>					
<b>Address</b>					
<b>Post Code</b>					

## 7. Funeral Director Confirmation

I hereby confirm the above details

Funeral Director's Name	
Signature	
Date	

Your booking is not firm until a confirmation number has been issued.

Form to be signed and emailed to the cemetery within 48 hours of verbally booking the funeral

Original form along with copy of medical cause of death certificate to be sighted by the gravedigger at the cemetery prior to the interment

All cheques to be made payable to Northern Beaches Council

## 8. Order for Interment

I hereby confirm the above details and issue the Order of Interment

Cemetery Officer Name			
Signature			
Confirmation Number		Date	

## Office Use Only

Location confirmed	Order for Interment issued
Search for other site reservations	Account paid
Other sites found?      Yes      No      If yes, notify funeral director	Certificate (for new sites) or transfer forms sent
Does site have a monument with infill or ledger slab?      Yes      No	If yes, request for removal sent to mason
Funeral director advised?	Regulations letter sent
Stone Orchard updated	Forms scanned to TRIM
Cemetery invoice raised	Risk Assessment & MCD details scanned to TRIM