

Postal Address:
PO Box 156 Longford Tas 7301
Phone: : (03) 6397 7303
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Location:
13 Smith Street Longford Tas 7301
Email: council@nmc.tas.gov.au

APPLICATION FOR A BURIAL

NAME OF APPLICANT

I (full name of applicant)
Of (address)

Am applying for a burial for the remains of the deceased person whose details appear below.

NAME OF DECEASED

Full name of deceased
Last place of residence

Date of death Post Code
Date of Birth
Place of Birth
(if known)
Age at death Years/months Gender Male Female

MEDICAL PRACTITIONER FOR DECEASED

Please provide the following details of the medical practitioner who attended the deceased person prior to their death.

Name
Address

Post Code Phone

DECLARATION BY APPLICANT

1. I certify that, to the best of my knowledge and belief, the particulars stated above are true, and
2. That as defined overleaf, I am the Senior Next of Kin

Full name of company or individual
Signature of applicant Date:

SENIOR NEXT OF KIN

'Senior Next of Kin', in relation to the deceased person, means the first listed person available from the following list.

Please sign next to the paragraph that qualifies you as 'Senior Next of Kin'.

- a. A person who, immediately before the death of the deceased person, was the spouse of the deceased person. _____
- b. A deceased person's eldest available son or daughter who is 18 or more years of age. _____
- c. The person with whom the deceased person at the time of his or her death was in a caring relationship which was the subject of deed of relationship registered under Part 2 of the Relationships Act 2003. _____
- d. If there is no person referred to in paragraph a, b, or c or such person is not available, a parent of the deceased person. _____
- e. The deceased person's eldest available brother or sister who is 18 or more years of age. _____
- f. The personal representative of the deceased person. _____
- g. If the deceased person is an Aboriginal person within the meaning of the Aboriginal and Torres Strait Islander Commission Act 1989 of the Commonwealth, a person who is an appropriate person according to the customs and tradition of the community or group to which the deceased person belonged. _____
- h. A person nominated by the Director of Local Government by written notice provided to the person. _____

IMPORTANT INFORMATION

1. For the purpose of definition, the 'Senior Next of Kin' is deemed not available, if the person:
 - a. Does not exist; or
 - b. Has been unable to be contacted even though all reasonable steps have been taken to do so; or
 - c. Has declined to act as Senior Next of Kin; or
 - d. Is unable to perform adequately or competently the duties as Senior Next of Kin.
2. 'Spouse' includes the other party to a significant relationship, within the meaning of the Relationships Act 2003.
3. 'Personal representative' includes the executor or administrator of the estate of a deceased person, the Public Trustee and a nominee of the coroner.

Personal Information Protection Statement

1. Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates, on request to the Northern Midlands Council.
2. Information can be used for other purposes permitted by the *Local Government Act 1993* and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of the Northern Midlands Council, in accordance with the Council's Personal Information Protection Policy.

Information on this form is required to ensure compliance with the following:

Burial and Cremation Act 2002

Burial and Cremation (Cemetery) Regulations 2005

Burial and Cremation (Handling of Human Remains) Regulations 2005

APPLICATION FOR A BURIAL

Completed form must be returned to the Corporate Services Manager, Northern Midlands Council, prior to time of funeral.

Full Name of Deceased

Name of Cemetery Longford Lawn Rose Garden - Longford Niche Wall - Longford
 Perth General Niche Wall - Perth Rose Garden - Evandale

Depth Double Single Infant Coffin Size

Status of Grave New Reserved Re-Opening Free Burial No.
Plot Row

Date of Burial Time of Burial

Name/s of previous burial/s in grave

Clergy / Celebrant Religion

Service Public Private

Full name and address of person/s reserving additional grave/s adjacent to this grave. Grave No./s

Special Requirements

DECLARATION REGARDING 'RIGHT OF BURIAL'

Where the grave as described above is the subject of an 'Exclusive Right of Burial' (reservation) or where it is the site of a previous interment or interments then I, _____ declare that (as per definition of 'Senior Next of Kin') have authority to approve the burial as requested above.

INTERNAL USE ONLY

Declaration by Funeral Director

Having applied to conduct the above burial I declare that I have made all necessary enquires and believe the above information to be true and correct.

Signature

Date

Declaration by Northern Midlands Council

As an employee of the Northern Midlands Council I declare that the burial arrangements for the above deceased have been confirmed.

Signature

Date

Cost

Date Account Processed