



APPLICATION FOR COLUMBARIUM WALL

Please complete form in **BLOCK LETTERS**, tick appropriate boxes, complete all relevant sections and **sign and date form**

Inurnment Details	
<input type="checkbox"/> New Purchase (reservation)	<input type="checkbox"/> New Purchase (immediate use)
<input type="checkbox"/> Permit After Reservation	

SECTION A – Burial Details	
Cemetery:	Wall (if applicable):
Row:	Niche No:
Other Details:	

SECTION B – Details About Deceased (for Interment and Inurnment)	
Surname:	First Name:
Last Residential Address:	
Suburb/Town:	Postcode:
Personal Details: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Date of Death:	Date of Inurnment: Age:

SECTION C – Applicant	
Name:	
Address:	
Suburb/Town:	Postcode:
Phone No:	Email: Reservation for Self: <input type="checkbox"/>

SECTION D – Next of Kin	
Name:	
Address:	
Suburb/Town:	Postcode:
Phone No:	Relationship to Applicant/Deceased:

SECTION E – Funeral Director (for Interment and Inurnment)	
Name:	Phone No:
Postal Address:	

PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE:
Purpose of collection: Statutory requirement under the Public Health Regulation 2012
Intended Recipients: This document will form part of a public record that Council may use and or make available in accordance with the Privacy and Personal Information Protection Act 1998 and the Government Information (Public Access) Act 2009.
Consequences of non provision: A consequence of non-provision may result in burial plot not being allocated
Storage: Council will take all reasonable steps to protect the personal information it holds from misuse, unauthorised access and modification
Retention Period: Council will retain your personal information for a period that is an accordance with the State Records General Authority 39 (GA39)

The applicant indemnifies Bellingen Shire Council from and against all claims (including any injury, damage or loss), costs, expenses and damages resulting from or by reason of anything done or omitted to be done by the applicant or the applicant's agent arising out of activities undertaken at or near Council's cemeteries. The applicant acknowledges that Council is not responsible for repair and/or maintenance costs of graves/headstones/monuments/niches etc and that these remain private property with responsibility assumed by the applicant, applicant's agent, next of kin or other responsible person.

SECTION F – Signature	
I declare that the information I have supplied in this application is complete, true and correct. I understand and agree to the Contract Provisions stated above.	
Signature(s):	Date:

OFFICE USE ONLY			
Total Amount Paid: \$	(inc GST)	Date:	Receipt No:
Reservations: ROB NO:			