



## APPLICATION FOR COLUMBARIUM WALL

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

### SECTION A – INTERMENT DETAILS

<input type="checkbox"/> <b>New Purchase</b> (reservation)  <input type="checkbox"/> <b>New Purchase</b> (immediate use)	Cemetery:		
	WALL:	ROW NO:	NICHE NO:

### SECTION B – Details About Deceased *(if for immediate use)*

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 Interment:	Age:	

### SECTION C – Applicant

Name:		
Address:		
Suburb/Town:		Postcode:
Phone No:	Relationship to Deceased:	Reservation for Self: <input type="checkbox"/>

### SECTION D – Next of Kin

Name:	
Address:	
Suburb/Town:	Postcode:
Phone No:	Relationship to Deceased:

### SECTION E – Funeral Director *(for immediate use)*

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 in 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(s)

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:
Payment Codes:		Reservations: ROB NO:	Interment: CV NO: