CEMETERIES



ORDER FOR INTERMENT APPLICATION PRIVATE PROPERTY

Place stamp here (Office use)

APPLICATION INFORMATION (to be completed with an Order of Interment application)

Council must approve burials on private land within the local government area in accordance with section 92 of the *Public Health Regulation 2022* (NSW).

This application is required in order for Council to assess that the requirements and conditions to Inter a deceased person on private land have been met. The requirements are set out by NSW Health in the 'Burials on Private Land Approval by Local Authority Guidelines'.

Applicants are responsible for ensuring all requirements are met and must agree to the Public Health Regulation procedures and conditions.

Approved applicant/s will be issued an Order for Interment Certificate.

Fees and charges are applicable as per Councils adopted fees and charges.

Please submit this form to Council's Cemetery Officer via email <u>cemetery@cessnock.nsw.gov.au</u>. If you require information, please call Council on (02) 4993 4100.

Please complete all of the following Sections in PRINTED BLOCK LETTERS only

SE	CTION 1 – AP	PLICAN	T DETAI	LS						
Giv	en Name/s:					Surname:				
Add	dress:									
Sub	ourb:						:	State:		Postcode:
Pos	stal Address (if d	ifferent):					· · ·			
Pho	one Numbers:	(H)			(W)				(M)	
Em	ail:									
I/W	e: (⊠ box)									
	declare to the l detail and the i						ticulars o	of this a	pplicatio	n are correct in every
	acknowledge a Certificate.	and agree	to pay an	y appli	cable fees	and charg	es prior to	o the is	sue of a	n Order of Interment
	have read the https://www.he									n NSW Health at:
	and agree to th	ne Conditi	ons.			_	-	-		
(F	Full Name of Exe	ecutor/Aut	hority)	(Sig	nature of	Executor/A	uthority)		(Dat	e: DD/MM/YYYY)
SE	CTION 2 – PR	OPERTY	DETAIL	S OF	PROPOS		IAL LOC	CATIO	N	
Lot	No:		Section	No:			Deposite	ed Plan	n No:	
Stre	eet No./Rural Pro	operty No.			Street/Ro	oad Name:				
Sub	ourb:				Land Size ceed 5 He	e (Note: mu ctares)	st be equ	al to		

SECTION 3 – P	ROPERTY OWNE	R DETAI	LS					
Given Name/s:			S	urname:				
Postal Address:								
Suburb			State	:	Post	code:		
Email:			Phor	1e:	Mob	ile:		
I/We declare: (☑	•							
I/We hereby ☐ inspections a <i>Cemeteries</i> a	ned are the owner(s) permit any duly autho and surveys or take m and Crematoria Act 2 Approval by Local A	orized offic neasureme 013 (NSW	cer of t ents or /), <i>Put</i>	the Council, to enter r photographs as re blic Health Regulati	er the land equired fo <i>ion 2022</i> (d or premi r the adm	ises to ca iinistratio	arry out n of the
· ··· · · · · · · ·								
·	xecutor/Authority)		ture of	f Executor/Authorit	y)	(Date	e: DD/MN	<i>//YYYY)</i>
	ECEASED DETAIL	_S						
Given Name/s:				Surname:				
Last Known Addro	ess:				<u></u>			
Suburb:		Dete	(State:	•	Postco	
Date of Birth:		Date o	of Dea	th:		A	ge at De	ath:
Relationship to Fi	operty Owner:							
•	· •							
SECTION 5 – F	UNERAL DETAILS							
SECTION 5 – F Proposed date of	UNERAL DETAILS							
SECTION 5 – F Proposed date of Name of Funeral	UNERAL DETAILS							
SECTION 5 – F Proposed date of Name of Funeral Address:	UNERAL DETAILS	1						
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb:	UNERAL DETAILS Interment: Director:	State:			 Pos	stcode:		
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if	UNERAL DETAILS Interment: Director: different):	1			Pos			
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers:	UNERAL DETAILS Interment: Director:	1	(W)		Pos	stcode:		
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email:	UNERAL DETAILS Interment: Director: different): (H)	State:				(M)		
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email:	UNERAL DETAILS Interment: Director: different):	State:				(M)		
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email:	UNERAL DETAILS Interment: Director: different): (H) EQUIREMENTS (III	State:				(M)	Yes	□ No
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email: SECTION 6 – R 1. Application for	UNERAL DETAILS Interment: Director: different): (H) EQUIREMENTS (III	State:				(M))	Yes	□ No □ No
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email: SECTION 6 – R 1. Application for	UNERAL DETAILS Interment: Director: different): (H) EQUIREMENTS (In fully completed registered surveyor	State:				(M)) 		
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email: SECTION 6 – R 1. Application form 2. Site plan from r 3. Geotechnical re	UNERAL DETAILS Interment: Director: different): (H) EQUIREMENTS (In fully completed registered surveyor	State:				I)	Yes	🗆 No
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email: SECTION 6 – R 1. Application form 2. Site plan from r 3. Geotechnical re	UNERAL DETAILS Interment: Director: different): (H) EQUIREMENTS (In fully completed registered surveyor eport psed fence to delinea	State:				I) I I I I I I I I I I I I I I I I I I	Yes Yes	□ No □ No
SECTION 5 – F Proposed date of Name of Funeral Address: Suburb: Postal Address (if Phone Numbers: Email: SECTION 6 – R 1. Application form 2. Site plan from r 3. Geotechnical re 4. Details of propo	UNERAL DETAILS Interment: Director: different): (H) EQUIREMENTS (In fully completed registered surveyor eport osed fence to delinea e marker etual interment site pl	State:	on to	be submitted to	o Counci	I)	Yes Yes Yes	□ No □ No □ No

SECTION 7 – PRIVACY DISCLOSURE

Council is committed to safeguarding the privacy of individuals and handling of personal information in accordance with the <u>Privacy</u> <u>and Personal Information Act 1998 (NSW)</u> and <u>Information Privacy Principles</u>, the <u>Health Records and Information Privacy Act</u> <u>2002 (NSW)</u> and <u>Health Privacy Principles</u>, and any subordinate legislation.

Purpose	The personal information on this form is collected for the purpose of Council performing its functions with respect to interments and complying with its legislative and regulatory requirements pursuant to the <i>Cemeteries and Crematoria Act 2013</i> (NSW) and Part 8 of the <i>Public Health Regulation 2012</i> (NSW) (the cemeteries legislation). The personal information will be used/handled in accordance with Council's <u>Privacy Management Plan</u> and <u>Privacy Statement</u> which can be found on Council's website.
Intended Recipients	The intended recipients of the personal information collected are Council officers, government agencies and other bodies as required by law. The information will also form part of a public record that must be made available for inspection pursuant to the cemeteries legislation.
Supply	The supply of personal information is voluntary however if it is not provided, Council cannot process/progress your application.
Storage and Security	Personal information collected will be kept in Council's Information Management System in accordance with the relevant legislation. Council's address is 62-78 Vincent Street, Cessnock NSW 2325.
Access	Individuals may access, correct or update their personal information by visiting Council's website, contacting Council's Privacy Contact Officer on (02) 4993 4100 or by sending an email to council@cessnock.nsw.gov.au.

SECTION 8 - LODGEMENT INFORMATION

Any enquiries regarding the application for Plaque Wording should be directed to Council's Cemetery Administration Officer on (02) 4993 4100.

Please see below how to lodge your application:

Email:	cemetery@cessnock.nsw.gov.au
Mail:	Cessnock City Council – Cemetery Officer PO Box 152 CESSNOCK NSW 2325
In Person:	Customer Relations Team 62 -78 Vincent Street CESSNOCK NSW 2325

OFFICE USE ONLY

SECTION 9 – PAYMENT AND APPROVAL DETAILS

Fee (as per 0	Council's curre	nt ado	pted Fees and Ch	arges): \$			
Payment:	🔲 Invoi	ced	Invoice Numb	ber:		🗆 Paid	Receipt Number:
					Yes	No	Comments:
1. Application	on form fully	/ con	npleted				
2. Land size	e equal or g	reate	er than 5 Hecta	res			
3. Site plan	from regist	ered	surveyor				
4. Geotech	nical report						
5. Details o	f proposed	fence	e to delineate b	ourial			
6. Details o	f grave mar	ker					
7. Perpetua	al Interment	Site	Plan				
8. Copy of I	Death Certi	icate	9				
Cemetery	Officer						
Name:				Signature:			Reviewed date:
Vegetation	& Civic Sp	ace	s Coordinator				
Name:				Signature:			Reviewed date:
Referral De	etails: Engi	neer	•				
Name:				Signature:			Reviewed date:
Comments							

Referral Details: Public	Health Team	
Name:	Signature:	Reviewed date:
Comments:		
Order of Interment		
Order of Interment Date	Document	
	Document reference number:	Included in Register: