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CEMETERIES APPLICATION FORM

APPLICANT'S FULL NAME:

ADDRESS: _____

_____ **TEL:** _____

RELATIONSHIP TO DECEASED: _____

FUNERAL DIRECTOR DETAILS:

ADDRESS: _____

_____ **TEL:** _____

DETAILS OF DECEASED PERSON/S

FULL NAME/S _____ AGE: _____ DATE OF DEATH: ____/____/____

DETAILS OF BURIAL ALLOTMENT/NICHE/GARDEN POSITION

CEMETERY: _____ SECTION: _____ ALLOTMENT: _____ ROW: _____

COLUMBARIUM WALL/GARDEN: _____ NICHE/POSITION NO: _____

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PERMISSION for any work on or use of any burial allotment, niche/position which has been pre-purchased IS REQUIRED

I the holder/rightful successor of a Right of Burial for a burial allotment or holder of a Reserve Right to a Niche/Position do hereby consent to the application on this Right.

NAME OF OWNER OF RIGHT OF BURIAL/NICHE/POSITION (Purchaser/Executor/Power of Attorney) _____

Signature: _____

ASHES MEMORIALISATION

CREMATED REMAINS ARE LOCATED WITH: _____ WITNESS: _____

WORDING FOR PLAQUE (IF REQUIRED)

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SELECT APPLICATION REQUIRED BY TICKING BOX (Fees over Page)

- Purchase of Land (ROB) (**Pur Land**)
 Placement/Removal Ashes (**Internmt**)
 Burial Permission (**Internmt**)
 Plaques/Ashes/Reserve Niche/Position/Niche Removal (**Columb**)

FOR OFFICE USE ONLY

Reg No _____ ROB No _____ Payment Reg _____ Burial Reg _____ Burial Index: _____

Dataworks _____ Map _____ Grantee: Dataworks _____ Hardcopy _____

Fee Paid: \$ _____

Receipt No: _____

Date: ____/____/____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE
 By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

T:Forms/Operations/Cemeteries Application Form/Version1

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