



Burial Application – Land Other Than Council Cemetery

Request for permission to inter bodily remains on land other than a cemetery or natural burial ground outside of township boundaries

DECEASED DETAILS - please enter all details and indicate as applicable (tick)

Title: Dr Mr Ms Mrs Miss Gender: M F
First Name/s: _____ Last Name: _____
Date of Birth: / / Date of Death / / Age: _____
Last Known Address: _____
Suburb: _____ State: _____ Postcode: _____
The deceased person died of natural causes Yes No
Authorisation for the Certificate of Identification was issued by: _____

INTERMENT LOCATION AND DETAILS

Address of Property: _____
Suburb/Township: _____ State: _____ Postcode: _____
General description of the area to be used _____

Coordinates of the location: (GPS) _____
Interment Depth: _____

Please attach a map showing the intended location of a grave or natural burial site. Identify and features and estimate the distance to surrounding structures. Note – the site should be at least 100 metres away from any building, structure or water well.

LANDOWNER DETAILS

Title: Dr Mr Ms Mrs Miss
First Name/s: _____ Last Name: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Tel (W): () Tel (H): () Mobile: _____
Relationship to Deceased: _____ Email: _____

Note – Proof of permission of the land owner must be provided.

Attached: Yes No

FUNERAL DIRECTOR DETAILS

Name of Funeral Company: _____
Name of Arranger: _____
Interment Date /...../..... Interment Time

AUTHORISED PERSON DETAILS - please enter ALL details and indicate as applicable (tick)

Title: Dr Mr Ms Mrs Miss Gender: M F Date of Birth: _____
First Name/s: _____ Last Name: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Tel (W): () Tel (H): () Mobile: _____
Relationship to Deceased: _____ Email: _____

I acknowledge that I have read and understand my rights and responsibilities and declare that I am the interment right holder or a person authorised to exercise the interment right in accordance with the conditions listed overleaf.

Authorised Person's Signature: _____ **Date:** _____

Please ensure the following are also provided with this application.

- Plan of the Property showing proposed grave site
- Copy of the Death Certificate
- Written consent of anyone with a registered interest in the land in which the remains are to be buried

Also please read the SA Health fact sheet on "*burial of human remains on private properties*"

INTERNAL USE ONLY

Fee Paid: \$ _____ Receipt No. _____

I/A Approval Yes No

Comments: _____

Site Inspection Yes No

Comments: _____

Planning Department Approval Yes No

Comments: _____

