



Maitland City Council  
 PO Box 220  
 MAITLAND NSW 2320  
 PH: (02) 49349 770  
 FAX: (02) 4933 3209

# COLUMBARIUM WALL APPLICATION

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

**RESERVATION** – Complete Sections A,C & D

**IMMEDIATE USE** – Complete All Sections

## SECTION A – INTERMENT DETAILS

- New Purchase** (reservation) **\$487.30**
- \*New Purchase** (immediate use) **\$782.10**
- \*Open Reserved Niche** **\$294.80**

\*NOTE: See over for Plaque Inscription details

MORPETH COLUMBARIUM		
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 Died:	Date of Burial:	Age:

## SECTION C – APPLICANT

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

## SECTION C – FUNERAL DIRECTOR

Name:
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## SECTION D - SIGNATURES

### PRIVACY AND PERSONAL INFORMATION PROTECTION NOTICE:

**Purpose of collection:** Statutory requirement under the Public Health (Disposal of Bodies) Regulation 2002  
**Intended recipients:** The information will form part of a public record that must be available for inspection under the Public Health (Disposal of Bodies) Regulation 2002.  
**Supply:** Information is required by law  
**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, unauthorized access and modification  
**Retention Period:** Council will retain your personal information for a period that is an accordance with the State Records General Disposal Act 10 (GDA10)

Signature:	Date:
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### OFFICE USE ONLY – Payment Codes

RESERVATIONS      GL NO: 31641 BS NO: 79  
 INTERNMENT        GL NO: 31640 BS NO: 79

TOTAL AMOUNT PAID: \$ (Inc GST)

Receipt No:                      Date:

