Morpeth Columbarium Wall Application

Section A - Interment details

Pre-need (reservation) - \$841

	At-need (immediate	use) - \$1,816.34	Niche No:	
	Open reserved niche	- \$975.34 (includes pu	rchase of plaque,	surround and levy)
	Ashes collection with	in LGA / Site attenda	nce fee \$220	
	Special requirements	- \$198/ hour i.e. rem	oval or relocation	of Ashes (complete Section K)
Sect	ion B – Details	about decease	d (not required t	for pre-need)
Surnan	ne:		First Name:	
Last re	esidential address:			
Date o	Date of birth: Date Deceased:			
Burial I	Date:		Age:	
Section C - Applicant/s (holder/s or intended holder/s of interment right)				
Holde	er 1			
Name:				
Addres	SS:			
Phone:		Relationship:		Reservation for self
Holder 2				
Name:				
Addres	SS:			
Phone:		Relationship:		Reservation for self

Wall:



Section D - Proof of identity (check two forms of ID)

Interment right applicants must produce two original identification documents, one of which must provide photo identification. These may include a passport, license issued under Australian law (driver's license or other government issued license), birth certificate/citizenship certificate, credit card, EFTPOS card, Medicare card, and membership to a registered club.

Proof of two	identity	documents	sighted	holder	1:
Passport				Drivers	Licence

Birth Certificate Credit Card

EFTPOS Card Medicare Card

Pension Card Healthcare Card

Proof of two identity documents sighted holder 2:

Passport Drivers Licence

Birth Certificate Credit Card

EFTPOS Card Medicare Card

Pension Card Healthcare Card

I	of	declare that I have s	_
the above original	forms of identification, provided	by below Applicant/Interment	
Signature of consu	Itant:	Date:	

Section E - Interment nomination

Identify the name/identity of the person/s whose remains may be interred:

Specify a person who may nominate the person/s whose remains may be interred:

Specify the type of person, in relation to the Right Holder/s, who may nominate the person/s whose remains may be interred. E.g. family, children, friends, partners etc.:



Section F - Next of kin (any next secondary contact) Name:	t of kin or other persons nominated by the holder/s as
Address:	
Phone:	Relationship:
Signature:	
Section G – Funeral director	(not required for pro-pood)
Business name:	Consultant Name:
Postal address:	Phone:
Contact email:	
Consultant signature:	
Council's columbarium walls, an Interment	p purchase an interment right in one of Maitland City Right certificate will be issued to the person nominated as at Right gives that person/s, or any other person/s they iche.
administrated by his or her executor. If the beneficiary' may authorise the opening of	ne Interment Right becomes part of his or her estate, to be ere is no executor, then the next of kin who is the 'major the niche for the interment of the deceased. Only the holder terment into the niche and the wording of any Monumental
legally complete until any transfer is regist necessary to supply relevant information s	another person while ever the niche is vacant. This is not tered in Maitland City Council's Cemetery register. It is such as a will, death certificate, or evidence of identity to ht. Please refer to the "transfer of interment right fact sheet"
Section H - Signature/s	
I declare the information I have supplied in authority to make this application.	n this application is true and correct and I have legal
Signed:	Date:
Name of registered holder 1:	
Signed:	Date:
Name of registered holder 2:	



Return the form to:

Maitland City Council PO Box 220, Maitland NSW 2320

OR

cemeteries@maitland.nsw.gov.au

Privacy and personal information protection notice

(if applicable) (not required for pre-need)

The collection of this information is a statutory requirement under the *Cemeteries & Crematoria Act 2013, Interment Industry Scheme 2018 & Public Health Regulation 2012.* 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.* A consequence of non-provision may result in burial plot not being allocated. Council will take all reasonable steps to protect the personal information it holds from misuse, unauthorised access and modification. Council will retain your personal information for a period that is an accordance with the State Records General Authority 39 (GA39).

Section I - Ashes to be collected from funeral director

Business name:	Consultant No	ame:	
Postal address:	Phone:		
Contact email:			
Consultant signature:			
Ashes required to be collection by Maitland City (Fees apply — please refer to the above Fees and	, ,		
Ashes will be delivered to Maitland City Council 2	63 Hight Street,	Maitland NSW	2320
Would the applicant like to be contacted before interme	nt?	Yes	No
Would the applicant like to be present at interment? (Fees apply — please refer to the above Fees and Charg	es for details.)	Yes	No

Section J - Inscription details for plaque (max 6 lines)(not required for pre-need)



Section K – Special requirem	ents (not required for pre-	need)
Office use only (payment codes – Res Interment Service Levy 1873.3177 BCI)	ervations GL 30401 BCI / Inte	rment GL 30400 BCI / CCNSW
	ervations GL 30401 BCI / Inte Date:	rment GL 30400 BCI / CCNSW Receipt no:
Interment Service Levy 1873.3177 BCI)		
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