

Application for a perpetual interment right

Purpose of this application form

This application form should be completed by a consumer that seeks to acquire a perpetual interment right at a cemetery.

Cemetery	burn General		g 🗆 Tarago			
\square Burial \square Ash Interment Is the applicant also the intended holder of the interment right? \square Yes \square No						
Applicant's details:						
Given name/s:	Suri	name:				
	(W)					
Email:						
Intended holder/s of	of interment right/s					
Holder 1						
Holder 1 Given name/s:	Suri	name:				
Given name/s:	Suri					
Given name/s:						
Given name/s: Address: Suburb:		State:	Postcode			
Given name/s: Address: Suburb: Phone: (H)		State:(M)	Postcode			
Given name/s: Address: Suburb: Phone: (H)	(W)	State:(M)	Postcode			
Given name/s: Address: Suburb: Phone: (H) Email: Holder 2	(W)	State: (M)	Postcode			
Given name/s: Address: Suburb: Phone: (H) Email: Holder 2 Given name/s:	(W)	State: (M)	Postcode			
Given name/s: Address: Suburb: Phone: (H) Email: Holder 2 Given name/s: Address:	(W) Suri	State: (M)	PostcodePostcode			
Given name/s: Address: Suburb: Phone: (H) Email: Holder 2 Given name/s: Address: Suburb: Phone: (H)	(W)Suri	State: (M) name: State: (M)	PostcodePostcode			
Given name/s: Address: Suburb: Phone: (H) Email: Holder 2 Given name/s: Address: Suburb: Phone: (H) Email:	(W) Suri	State: (M)	PostcodePostcode			

Goulburn Mulwaree Council 2025/2026



			Resilient. Vibrant. Connecte
Interment site:			
Area/Wall:		Row:	Plot no:
Grave type			
Monumental			
Lawn □			
Other—please specify			
This interment site allows for a maxing	mum	_ full body intermer	nts
		_ ash interments	
Number of persons who may be inte	erred:	_	
Identity of person/s whose remains r	may be interred:		
•	•		
OR			
Specify a person who may nominate	the person/s whose	e remains may be ir	nterred:
Next of kin/secondary contact	ct nominated by	holder of intern	nent riaht
Given name/s:			
Address:			
Suburb:			Postcode
Phone: (H)	_ (W)	(M) _	
Please attach an additional sheet to	register more than o	one secondary cont	act

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Payment (cemetery operator to complete)

Item/s	Fee
Body Interment right	\$
Ash interment	\$
TOTAL	\$

Proof of identity

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 licence or other government-issued licence), birth certificate/citizenship certificate, credit card, EFTPOS card, Medicare card, and membership to a registered club.

Privacy declaration

Information collected on this form is held in accordance with the *Privacy and Personal Information Protection Act 1998*. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the *Privacy and Personal Information Protection Act 1998*.

Applicant's acknowledgment/declaration

I acknowled to me.	ge that the all terms and conditions of this interr	ment right have been disclosed and explained		
Signature		Date		
Office Use – Payment Details				
Fees Paid		Receipt No		
Paid By		Date		
Account to be issued Yes: No:				
Cemetery Adn	ninistration Officer:	Date		
Checklist (ple	ase tick): ID TechOne Register	Chronicle Account		

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