



If extinguishing a burial right please provide the original certificate

Application for a burial permit

Type of application

New grave

- Single depth required Double depth required
 Do you require an on-site meeting to discuss location.

Note: Placement in the nearest location to family members may involve an additional cost associated with probing existing areas.

Open an existing grave

If yes, please complete the following details.

| | | | | | |
|-------------------------------------|---------|-----|--------------------------|----------|--------------------------|
| Full name | | | | Cemetery | |
| Denomination | Section | Row | Plot | | |
| | | | | | |
| Are there existing monumental works | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Extinguish a burial right

If yes, please complete the following details.

| | | | | | |
|---------------------------|---------|-----|------|----------|--|
| Full name on burial right | | | | Cemetery | |
| Denomination | Section | Row | Plot | | |
| | | | | | |

Additional burial rights

Are additional burial rights required?

If yes, please complete and attach the application form 'to reserve a plot'.

Deceased details

Please print full legal name.

| | | |
|------------------------------------|-------------------------------|--------------|
| Surname | | |
| | | |
| Given names | | |
| | | |
| Date of birth | Date of death | Age at death |
| | | |
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | |
| Last address | | |
| | | |
| Name and spelling for grave marker | | |
| First name | | |
| Last Name | | |

A temporary marker giving the full name and year of death is provided

Monumental works are subject to a separate application

further information

Blue Mountains City Council
Locked Bag 1005
Katoomba 2780

Phone: (02) 4780 5613
Fax: (02) 4780 5525
www.bmcc.nsw.gov.au

Funeral director details

Contact Name/ Company Name

Postal Address

Contact telephone no.

I certify that details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death / Death Certificate.

Signature

Date

Details of burial

Note: Staff will contact the Funeral Director to confirm details. Bookings after 2.30pm incur a late fee.

Cemetery

Proposed Date

Proposed time

Denomination

Estimated Nos attending

Casket / Coffin type/size

Standard (196cm long; 60cm wide; 36cm deep)

Other, please give dimensions in centimetres

Type

Length

Width

Depth

Executor / next of kin details

Full name

Postal Address

Relationship to deceased

Signature

Date

Do you wish to include a biography? Yes No

If yes, it must be in a pdf format and the following signed and dated

Signature

Date

Office use only

Location details confirmed

Denomination

Time confirmed

Section

Row

Plot

Administrative details

Entered on computer

Entered on maps

Monumental works required

Destitute / limited means burial

Additional costs (parking management)

Details with grave diggers

Details confirmed with Funeral Director

Government assisted burial

Additional costs (probing)

Additional costs invoiced

Fees paid - RC No 632

Grave fee _____

Interment fee _____

Perpetual care _____

Grave marker _____

Total paid _____

Receipt number _____

Date _____