*Cemeteries and Crematoria Act 2003* | Cemeteries and Crematoria Regulations 2025 | Regulation 22 | Form 1

1

Application for interment authorisation – bodily remains

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The deceased person | | | | | | |  | | OFFICE USE ONLY | | | | | |
|  | | Ref: | | | | | |
| Full name: | | | | | | | | | | | | | | |
| Sex:  Male  Female  Other  Don’t know  Prefer not to say | | | | | | | | | | | | | | |
| Date of birth:    /    / | | | Date of death:    /    / | | | | | Age: | | | | | | |
| Last known permanent street address: | | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | State: | | | | | Postcode: | | | | |
| Religion if any (optional): | | | | | | | | | | | | | | |
| Did the deceased person have a spouse or domestic partner at the time of the deceased person's death?  Yes  No  Don’t know  Prefer not to say | | | | | | | | | | | | | | |
| Was the deceased person an identified veteran?  Yes  No  Don’t know | | | | | | | | | | | | | | |
| Place of interment | | | | | | | | | | | | | | |
| Name of public cemetery: | | | | | | | | | | | | | | |
| Type of place of interment (specify type, e.g. grave, vault, mausoleum crypt): | | | | | | | | | | | | | | |
| Location of place of interment (specify the location, e.g. section, row, grave number or other geographical locator): | | | | | | | | | | | | | | |
| Type of interment:  New  Pre-purchased/pre-need  Re-open | | | | | | | | | | | | | | |
| *Please answer this question if this will be the first interment in the place of interment*  How many additional interments will be required?  0  1  2  3  Other (specify number): | | | | | | | | | | | | | | |
| Interment and funeral arrangements *Details of the funeral director or the person arranging for the interment and the funeral service (if any).* | | | | | | | | | | | | | | |
| Company name (if any): | | | | | | | | | | | | | | |
| Full name: | | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | State: | | | | | Postcode: | | | | |
| Telephone number(s): | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | |
| Dimensions of coffin, container or receptacle: | | | | Length: | | | Width: | | | | | | Depth: | |
| Material of which coffin, container or receptacle is constructed (specify, e.g. wood, metal):  *Note: The coffin, container or receptacle must be clearly labelled in accordance with regulation 35.* | | | | | | | | | | | | | | |
| Services (if any) being conducted:  Funeral service at a venue within the cemetery prior to interment  Funeral service at a location outside the cemetery prior to arrival at the cemetery for interment  Funeral service at the interment site  No attendance at interment | | | | | | | | | | | | | | |
| Date and time of funeral service (if any): | | | | | | | | | | | | | | |
| Date and time of interment: | | | | | | | | | | | | | | |
| Special requirements for interment (specify, e.g. witness backfill, shoring, out of coffin burial with/without backboard): | | | | | | | | | | | | | | |
| Other requirements: | | | | | | | | | | | | | | |
| Applicant’s details | | | | | | | | | | | | | | |
| Full name of applicant: | | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | State: | | | | | Postcode: | | | | |
| Telephone number(s): | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | |
| Relationship to deceased person: | | | | | | | | | | | | | | |
| Consent of holder(s) of right of interment | | | | | | | | | | | | | | |
| Is the applicant the holder of the right of interment for the place of interment where the bodily remains will be interred?  Yes, the sole holder of the right of interment *(proceed to* ***Information accompanying application*** *on next page)*  Yes, one of the holders of the right of interment  No | | | | | | | | | | | | | | |
| *Complete this section for each holder of the right of interment (other than the applicant). Attach additional pages if necessary.*  Full name: | | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | State: | | | | | Postcode: | | | | |
| Telephone number(s): | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | |
| Relationship to deceased person: | | | | | | | | | | | | | | |
| I consent to the application for interment authorisation. | | | | | | | | | | | | | |
| Signature of holder of right of interment: | | | | | | | | | | Date:    /    / | | | |
|  | | | | | | | | | | | | | | |
| *Complete this section for each holder of the right of interment (other than the applicant). Attach additional pages if necessary.*  Full name: | | | | | | | | | | | | | | | |
| Street address: | | | | | | | | | | | | | | | |
| Suburb/town/city: | | | | | State: | | | | | | Postcode: | | | | |
| Telephone number(s): | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | |
| Relationship to deceased person: | | | | | | | | | | | | | | | |
| I consent to the application for interment authorisation. | | | | | | | | | | | | | | | |
| Signature of holder of right of interment: | | | | | | | | | | | Date:    /    / | | | | |
|  | | | | | | | | | | | | | | |
| Have all holders of the right of interment been informed of this application?  Yes  No | | | | | | | | | | | | | | |
| If no, give reasons why all holders of the right of interment have not been informed: | | | | | | | | | | | | | | |
| If yes, do all holders of the right of interment consent to this application?  Yes  No | | | | | | | | | | | | | | |
| Information accompanying application | | | | | | | | | | | | | | |
| The following document is attached to this application in accordance with section 116(3) of the *Cemeteries and Crematoria Act 2003*: | | | | | | | | | | | | | | |
|  | | notice of death by treating doctor (notice under section 37(2) of the *Births, Deaths and Marriages Registration Act 1996*) | | | | | | | | | | | |
|  | | copy of coroner's order  (order made by a coroner under section 47 of the *Coroners Act 2008*) | | | | | | | | | | | |
|  | | notice of death by treating doctor – other jurisdiction  (if the deceased person died outside Victoria, a document corresponding to a notice under section 37(2) of the *Births, Deaths and Marriages Registration Act 1996* from the jurisdiction where the deceased person died) | | | | | | | | | | | |
|  | | coroner's order – other jurisdiction  (if the deceased person died outside Victoria, a document corresponding to an order made by a coroner under section 47 of the *Coroners Act 2008* from the jurisdiction where the deceased person died) | | | | | | | | | | | |
|  | | notice of still-birth  (notice of still-birth under the *Births, Deaths and Marriages Registration Act 1996*) | | | | | | | | | | | |
|  | | notice of still-birth – other jurisdiction  (if the still-birth occurred outside Victoria, a document corresponding to a notice of still-birth under the *Births, Deaths and Marriages Registration Act 1996* from the jurisdiction where the still-birth occurred) | | | | | | | | | | | |
|  | | statutory declaration made by the person arranging the interment stating that, owing to special circumstances, it is not possible to produce one of the documents referred to above. | | | | | | | | | | | |
| Warning | | | | | | | | | | | | | | |
| Under section 117 of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for an interment authorisation, punishable by a fine of up to 240 penalty units or 2 years imprisonment or both. | | | | | | | | | | | | | | |
| Applicant’s signature | | | | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | Date:    /    / | | | | |
|  | | | | | | | | | | | | | | |
| **Collection notice** | | | | | | | | | | | | | | |
| **If you wish to receive information about memorialisation goods and services please check this box**  Any personal information you provide in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information we hold about you and you may request its correction if necessary.  The information you provide is required to enable us to process your application and inform you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights under the *Cemeteries and Crematoria Act 2003.* Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, we may not be able to process your application or provide the services for which the information is required.  Under the *Cemeteries and Crematoria Act 2003*, we are also required to keep records containing certain information regarding interments, cremations and rights of interment. Members of the public are entitled to access those records. | | | | | | | | | | | | | | |