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| Application for interment approval for interment other than in a public cemetery |
| Form 2 (Regulation 17, Schedule 1)  *Cemeteries and Crematoria Act 2003*  *Cemeteries and Crematoria Regulations 2015* |

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| **Please note that approval of your application is at the discretion of the Secretary to the Department of Health (the department). It is highly recommended that you read the department’s ‘Guidelines for applications for interment approvals other than in a public cemetery’ available on the** [**department’s website**](https://www.health.vic.gov.au/cemeteries-and-crematoria/private-cemeteries-and-burials) **and liaise with the department’s Cemetery Sector Governance Support Unit before submitting an application <https://www.health.vic.gov.au/cemeteries-and-crematoria/private-cemeteries-and-burials>.** | | | | | | | | | | |
| *Please complete in block letters* | | | | | | | | | | |
| The deceased | | | | | | | | | | |
| Title: | | Given names: | | | | | Surname: | | | |
| Sex:  Male  Female | | |  | Date of birth:    /    / | | | | Date of death:    /    / | | |
| Last known permanent address: | | | | | | | | | | |
| Suburb/town: | | | | | | State: | | | | Post code: |
| Applicant for interment approval | | | | | | | | | | |
| Title: | | Given names: | | | | | Surname: | | | |
| Address: | | | | | | | | | | |
| Suburb/town: | | | | | | State: | | | | Post code: |
| Telephone | | Home: | | | Work: | | | | Mobile: | |
| Email: | | | | | | | | | | |
| Location of proposed interment | | | | | | | | | | |
| Interment location [*provide property details including address and Certificate of Title folio and volume reference, and if the interment is proposed to take place on Crown land, Crown allotment details*]: | | | | | | | | | | |
| Location of interment on land [*please provide details consistent with the cemetery system for recording grave locations, for example section, row and plot/grave number*]: | | | | | | | | | | |
| Details of other interments at the proposed place of interment | | | | | | | | | | |
| **Applicants should note that the department will only consider granting approval for interment outside of a public cemetery if there is a documented record of previous interments at the proposed place of interment, and where the relevant grave(s) are clearly defined and marked with physical evidence such as headstones, fencing etc.** | | | | | | | | | | |
| Is there a record of another person having been buried on the land?  Yes  No  If no,contact the department to discuss the application.  If yes, is the existing grave/s clearly marked?  Yes  No | | | | | | | | | | |
| Provide details, such as existing headstones, fencing of grave, etc: | | | | | | | | | | |

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| Consent of land owner/manager | | | | | | | |
| Is the land on which the interment is to take place:  Crown land  Privately owned land | | | | | | | |
| Please provide a statement from the applicable person listed below: | | | | | | | |
| landowner – attach a copy of the Certificate of Title confirming your ownership of the land and sign below indicating your consent to the interment on your land. | | | | | | | |
| Signature of landowner: | | | | | | Date:    /    / | |
| appointed delegate of the landowner – attach a copy of the Certificate of Title and a signed statement from the land owner indicating that you are authorised to act on their behalf in regards to conducting interments on their land. This statement must include the land owner’s full name, address and contact telephone number. | | | | | | | |
| appointed land manager (relates to Crown land) – attach a statement from the body responsible for the management of that land that you are authorised to carry out the interment on the land. | | | | | | | |
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| Other matters | | | |  | Company stamp | | |
| Details of funeral director or the person who otherwise arranged for the interment of the human remains: | | | |  |  | | |
| Company name  (if applicable): | | | |  |  | | |
| Title: | Given names: | | |  |  | | |
| Surname: | | | | | | | |
| Address: | | | | | | | |
| Suburb/town: | | State: | | | | | Post code: |
| Telephone: | | | Fax: | | | | |
| Email: | | | | | | | |
| Dimensions of coffin, receptacle or container if any: Length (cm):      Width (cm):      Depth (cm): | | | | | | | |
| Material of which coffin, receptacle or container is constructed (e.g. wood or metal): | | | | | | | |
| Description of memorial or marker to be placed over the place of interment: | | | | | | | |
| Signature of applicant: | | | | | | Date:    /    / | |
| Warning | | | | | | | | |
| Under section 122 of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for an interment approval, punishable by a fine of up to 240 penalty units or 2 years imprisonment  or both. | | | | | | | | |
| Privacy statement | | | | | | | | |
| Any personal information you provide to the department 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 the department holds about you in relation to your application and you may request its correction if necessary.  The information you provide to the department is required to enable us to process your application and inform you of matters concerning it. The department also needs the information to perform its functions and exercise its powers 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, the department may not be able to process your application.  If you have any questions about how your information is handled or would like a copy of our privacy policy, please call 1300 884 706 or email: [privacy@health.vic.gov.au](mailto:privacy@health.vic.gov.au) | | | | | | | | |