

KEMPSEY SHIRE COUNCIL

Civic Centre, 22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200
Web: www.kempsey.nsw.gov.au



FUNERAL REQUEST FORM

Scan and email form to cemeteries@kempsey.nsw.gov.au

All enquiries to cemeteries@kempsey.nsw.gov.au

Full Name of Deceased: _____
Former Address: _____
Date of Birth: _____ Date of Death: _____ Age: _____ Sex: _____
Marital Status: _____ Maiden Name: _____ Religion: _____ Occupation: _____
Next of Kin: _____ Relationship to Deceased: _____

CEMETERY

- Arakoon Frederickton **Available for Existing Reservations Only**
 Bellbrook Kinki Euroka
 East Kempsey Toms Gully West Kempsey
 New Position Old Reservation Re-Open If new extra-depth grave, second interment will be: (name) _____
 Extra-depth Single Depth

If Reopen, Name of Deceased Burial in grave: _____

Applicant for Re-open: Original Applicant Next of Kin Other _____

If other, What Authority: Statutory Declaration Original Applicant's Written Permission

Reservation Required: _____ (Please complete Reservation for Cemetery Plot)

Reservation to be in the Name of: _____

Address for Right of Burial to be posted: _____

POSITION

Monumental: Catholic Anglican/C of E Presbyterian Methodist/Uniting Independent Barrunbatayi
Lawn: Catholic Anglican Baptist General Presbyterian Uniting General Extension
Row: _____ Allotment: _____ Grave Type: Extra Depth Single Depth In Reservation 2nd Interment Above: _____
 New Position Location Request in the vicinity of: _____

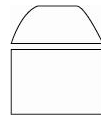
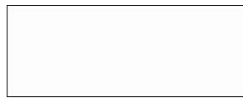
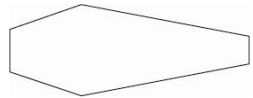
FUNERAL DETAILS

Funeral Director: _____ Funeral Day: _____ Date: _____ Church Time: _____

Contact Person: _____ Address: _____ Telephone: _____ Fax: _____

Church Graveside Clergy: _____ Denomination: _____

Coffin Shape:



Standard Size Coffin

Coffin Size: _____

(Dimensions in metric)

SPECIAL REQUESTS

Copy of Death Certificate attached: _____

OWNER OF BURIAL LICENCE (PERSON NOMINATED TO MAKE DECISIONS IN REGARD TO THIS PLOT)

Full Legal Name of Owner: _____

Address of Owner of Right of Burial: _____

Relationship to Deceased: _____ Father's Name: _____ Mother's Name: _____

I, the undersigned, being the person responsible for the funeral arrangements DO HEREBY REQUEST Kempsey Shire Council to allow the said grave to be opened and the body of the deceased interred.

I certify that I am the _____ (state relationship) of the said deceased and I am duly empowered to authorise the opening of the said grave and that the said body should be rightly interred in the grave of the said deceased. I, the undersigned, DO HEREBY INDEMNIFY and hold safe and harmless the said Council against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever which may be made or instituted against or suffered by the said Council in any manner whatsoever by reason the said Council having consented to opening the such grave and the interment therein of the body of the abovementioned deceased. I further agree to comply with Council's regulations retarding the erection of the monuments and to pay the costs involved in erecting a monument to the deceased. All memorials, must be of a design and material approved by Kempsey Shire Council.

Signed: _____ Witness of Signature: _____ Date: _____

OFFICE CONFIRMATION (To be completed by Kempsey Shire Council Staff Member and returned by fax to the Funeral Director)

Section: _____ Row: _____ Allotment: _____ Extra Depth Single Depth 2nd Interment

Code: _____ Plant No: _____ Register No: _____ ID No. _____ Total \$ _____

Confirmed by: _____ Receipt No: _____ Payment Date: _____