

HOME BURIAL APPLICATION FOR YOUR INFORMATION

To the Funeral Director

File: LA _____

From Kempsey Shire Council

Address: PO Box 3078
WEST KEMPSEY NSW 2440

Phone: (02) 6566 3200 Fax: (02) 6566 3225

Please find attached our standard Home Burial Application Form. It, or an equivalent, must be forwarded to our office, with payment of the Home Burial Inspection fee, a minimum of two (2) full working days before we give consideration to your application.

The following criteria will need to be established prior to Council inspecting the site:-

1. That the proposed grave site is on private land, where the area of landholding is 5 hectares or more.
2. No burial shall take place on any land that would likely contaminate a drinking water supply or a domestic water supply.
3. The proposed location of the burial site is to be marked on site.
4. That a person is available to meet the Environmental Health Officers onsite at a mutually agreeable time.
5. That the Home Burial Inspection fee is paid with the submission of the application. The Inspection fee is non-refundable if your application is refused.
6. A copy of the death certificate is attached.

Once your application has been approved we will fax back an acknowledgment. If the application is refused, alternative arrangements will need to be made.

DIGGING OF THE GRAVE:

Arrangements for digging the grave is the responsibility of the applicant.

Council is available for hire subject to availability. The applicant is responsible for all costs associated with the digging of the grave. They will be invoiced after the funeral.

KEMPSEY SHIRE COUNCIL

22 Tozer Street, Kempsey 2440
PO Box 3078, West Kempsey 2440
Phone 02 6566 3200 Fax 02 6566 3205
Web: www.kempsey.nsw.gov.au Email: ksc@kempsey.nsw.gov.au

File: LA



HOME BURIAL APPLICATION

To:	Kempsey Shire Council 22 Tozer Street WEST KEMPSEY NSW 2440	Fax: 02 6566 3225
		Date: _____

Date for Proposed Service:		Time:	
Type of Service:	Church <input type="checkbox"/>	Graveside <input type="checkbox"/>	

Service Details:

Property Address:			
Name of Person to meet onsite:			
Type of Ground	New Ground <input type="checkbox"/>	Multiple Depth <input type="checkbox"/>	
Clergy			

Deceased's Details:

GIVEN NAMES			
SURNAME			
Last Residential Address:			
Personal Details:	Sex: _____ Marital Status: _____ Occupation: _____		
	Born: _____ Died: _____ Aged: _____		
	Death Certificate: <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached		

Applicant Details

Relationship to Deceased			
Title		Given Name	
Surname			
Residential Address			
Telephone:		Mobile:	

Landowner's Details

Owner's Name and Address			
Owner's Phone No.			
Owner's Consent:	Signature:		

Funeral Director's Details

Name:		Contact Person:	
Address:			
Telephone:		Fax:	

Locality Map: TO BE PROVIDED BY THE APPLICANT

COUNCIL USE ONLY

GPS Location: _____ Impacts on Watercourse: _____

Soil Suitability: _____ Slope Satisfactory: _____

Flood Liable: _____ Other Comments: _____

File (LA Number): _____

OFFICE USE ONLY

Date:	Inspection Fee Paid:	Receipt No:
GPS Location on Computer:		