

INTERMENT AUTHORITY  
(BURIAL AUTHORITY)



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*Cemeteries:*

## **Burial Authority**

This form **must** be completed by the Interment Right holder or a person authorised to exercise the interment right in accordance with Section 35 of the *Burial and Cremation Act 2013*.

Title:  Dr  Mr  Ms  Mrs  Miss Gender:  M  F

First Names of Deceased: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_ Age: \_\_\_\_\_

Last known Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Next of Kin: \_\_\_\_\_

The deceased person died of natural causes  Yes  No

Authorisation for the Certificate of Identification was issued by: \_\_\_\_\_

### **INTERMENT LOCATION – Please select ONE ONLY**

**A.** Council to allocate new interment right

**B.** Existing location at \_\_\_\_\_ Cemetery

Name of right holder/s: \_\_\_\_\_ Right Number: \_\_\_\_\_

Location details: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Existing Interments at site:  Yes  No

Extension of right required:  Yes  No No. of years to be extended: \_\_\_\_\_

# INTERMENT AUTHORITY



## INSTRUCTION FOR INTERMENT

Interment Depth:  1  2 Lift and Deepen:  Yes  No

Coffin Size (mm): \_\_\_\_\_ Coffin  Casket

Number of previous interments and depths: \_\_\_\_\_

Other Requirements: Shade Sail:  Coffin Facing: East  West   
Slab removal:

## FUNERAL SERVICE DETAILS

Name of Funeral Home: \_\_\_\_\_

Address of Funeral Home: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Cemetery Location: Port Broughton Bute Alford Kulpara South Hummocks

Funeral Service Date: \_\_\_\_\_ Time of Service: \_\_\_\_\_ am / pm

Name Plate/Certificate Identification Arrangements: Time: \_\_\_\_\_ Place: \_\_\_\_\_

Person making arrangements on behalf of Funeral Service

Name (please print) \_\_\_\_\_

## AUTHORISED PERSON DETAILS

Title:  Dr  Mr  Mrs  Ms  Miss Gender: M  F

First Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Suburb: \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_

**I acknowledge that I have read and understand my rights and responsibilities and declare that I am the interment right holder or a person authorised to exercise the interment right in accordance with the conditions listed.**

**Authorised Person's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NB. Copies of documentation which meet the requirements of Section 12.2 of the Burial and Cremation Act 2013 and Regulation 9 must be provided.**

### BWC OFFICE USE ONLY

Interment No:		
Name Plate Checked:	Yes / No	Date:
Partial Cert of cause of Death sighted:	Yes / No	Date:
Cremation Certificate sighted:	Yes / No	Date:

## Your Rights and Responsibilities

### New Interment Right

- If a new interment right is being requested in order to facilitate this burial, the Authorised Person will become the interment right holder.
- In signing this Burial Authority, the Authorised person acknowledges receipt of a Statement by the Funeral Director if a new interment is required.
- An interment right will only be granted to a maximum of 2 interment right holders.

### Authority to exercise the interment right

- Only the interment right holder may exercise an interment right, provided that if the interment right holder is deceased the interment right may be exercised by the person representative of the deceased interment right holder (by definition the Executor or Administrator of the Deceased Estate) in accordance with section 35 of the *Burial and Cremation Act 2013*.
- If there is no personal representative the interment right may be exercised in accordance with regulation 32 of the *Burial and Cremation Regulations 2014* as follows:
  - \*by the spouse or domestic partner of the deceased interment right holder
  - \*if there is no surviving spouse or domestic partner – by the eldest living relative of the deceased interment right holder in the following descending order of priority:
    - A child,
    - A grandchild, or great grandchild
    - A brother or sister
    - A parent
    - A grandparent
    - An aunt or uncle
    - A nephew or niece
    - A cousin
    - Any other blood relative