INTERMENT AUTHORITY
(BURIAL AUTHORITY)

Cemeteries:

Barunga West Council
Ph: 08 8635 2107
Fax: 08 8635 2596
PO Box 3, Port Broughton SA 5522
Email:
barunga@barungawest.sa.gov.au
www.barungawest.sa.gov.au

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 - Plot Number: _____

☐ **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

Barunga West Council

INSTRUCTION FOR INTERMENT (All new graves are excavated to Double Depth)

Interment Depth: New ☐ Re-open ☐ 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.

Your Rights and Responsibilities

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:

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