

## Interment Application

Please select  the location for interment using the table below:

Boorowa		Harden		Young	
<b>General/Monumental</b>					
Monumental (closed unless existing reservation)	General Cemetery		<input type="checkbox"/>	General Cemetery (closed unless existing reservation)	
	Catholic		<input type="checkbox"/>		
	Anglican		<input type="checkbox"/>		
	Presbyterian/Methodist		<input type="checkbox"/>		
<b>Lawn</b>					
General		General [no reservations]		Rose Garden	<input type="checkbox"/>
Wall		Wall		Wall	<input type="checkbox"/>
		Garden		General	<input type="checkbox"/>
<b>Village</b>					
Rye Park	General	Currawong		Koorawatha	<input type="checkbox"/>
	Wall	Galong		Monteagle	<input type="checkbox"/>
Rugby		Jugiong		Murringo	<input type="checkbox"/>
Frogmore		Wombat	General		
Reids Flat			Wall	<b>Private Burial</b>	<input type="checkbox"/>

### 1. Details of Deceased

Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Full Name:	
Last Permanent Residence:		
Date of Birth:	Sex:	Date of Death:
Service Personnel: Y <input type="checkbox"/> N <input type="checkbox"/>	Service No:	Coffin Size:
Occupation:		

### 2. Applicant

Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Full Name:	
Address:		Phone:
Email:		
Relationship to the Deceased:		

### 3. Person Authorising Burial (Executor)

Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/>	Full Name:	
Address:		Phone:
Copy of the Authority attached to this application:                      Yes                      No		

#### 4. Next of Kin

Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Full Name:
Address:				Phone:
Relationship to the Deceased:				

#### 5. Funeral Director

Name of Funeral Director:
Address:
Phone:

#### 6. Burial Details

Date of Burial:	Time of Burial:
Reservation held:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reopening: ** see note below	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reopening of:	
Denomination/Church:	
Minister/Reverend Attending:	

#### 7. Signatures

I declare that the information I have supplied in this application is true and correct, I have legal authority to make this application and a copy of the Authority is attached to this application.

*\*\* Should a reopening be required in any of the monumental cemeteries maintained by Hilltops Council, I accept that Council will take reasonable due care in reopening of the allocated gravesite/s, however, due to the complex nature of this activity I accept that some damage may occur to existing monumental structures or the like and accept the risk that this may happen.*

Applicant Name:	Authority:
Signature:	Date:

Return application to: Hilltops Council, Locked Bag 5, YOUNG NSW 2594 or E-mail: [mail@hilltops.nsw.gov.au](mailto:mail@hilltops.nsw.gov.au)

Fees and Charges for Cemetery Interments can be found on the Hilltops Council Website [www.hilltops.nsw.gov.au](http://www.hilltops.nsw.gov.au) (council/council policies & plans/fees and charges).

#### Office use only

Amount Paid:	Date:	Receipt Number:
Cemetery Reg No:	Received by:	
Reservation: Y <input type="checkbox"/> N <input type="checkbox"/>	Re-Opening: Y <input type="checkbox"/> N <input type="checkbox"/>	
ROW:	LOT:	Section: