PRINCIPAL OFFICE: 8 Elizabeth Street, Maitland ALL CORRESPONDENCE TO: PO Box 57, MAITLAND, SA 5573 Telephone (08) 8832 0000 Agriculturally rich-Maturally heautiful

Email: admin@yorke.sa.gov.au Website: www.yorke.sa.gov.au

INTERMENT AUTHORITY

PERMISSION TO INTER BODILY REMAINS ON PRIVATE LAND OTHER THAN A CEMETERY OR APPROVED NATURAL BURIAL GROUND

This form <u>must be</u> completed in full and returned to Council prior to proceeding with a burial on private land located outside of Metropolitan Adelaide an in an area zoned Rural within the Yorke Peninsula Council area.

DETAILS	S OF DE	CEASE)			
Title:	Dr	Mr	Ms	Mrs	Miss	Gender: M / F
Last Nan	ne			Firs	st Name/s	
Last Kno	wn Addr	ess				
Suburb					State	Postcode
Date of Birth					Date of Death _	Age
INTERM	ENT LO	CATION				
						grave or natural burial site. Identify any es, groundwater, and surface water.
The site	must be	at least 2	20 metres	s away fr	om any building	g, structure or water well.
						Attached YES/NO
Address	of Prope	erty				
Suburb/Township				State		Postcode
General	descripti	on of are	a to be u	sed		
Coordina	ates of Lo	ocation _				
Intended	interme	nt depth				
		(Intermen	t depth m	ust be at l	east 1 metre fron	n the surface of the ground)
LAND O	WNER D	DETAILS				
Title:	Dr	Mr	Ms	Mrs	Miss	
Last Name			Firs	st Name/s		
Address						
Suburb				State	Postcode	
Telephone (M)			Telephone (H)			
Email						
Relations	ship to D	eceased	(if any) _			
Signature of Landowner						Date

FUNERAL SERV	ICE DETAILS		
Name of Funeral S	Service		
Address of Funera	al Service		
			Postcode
Telephone		Mobile	
Email			
Person making ar	rangements or	behalf of Funeral Service	
Last Name		First Name	
I agree to be bou	nd by the gen	eral instructions and policie	s of the Yorke Peninsula Council.
Signature on bel	nalf of Funeral	Service	Date
AUTHORISED PE	ERSON DETAI	LS ON BEHALF OF THE DEC	CEASED
Title: Dr	Mr Ms	Mrs Miss	Gender: M / F
Last Name		First Name/s	
Address			
Suburb		State	Postcode
Telephone		Mobile	
Relationship to De	eceased	Email	
Authorised Perso	on's Signature	9	Date
YPC OFFICE U	SE ONLY		
Name Plate Ch	ecked:		YES / NO
Please attach o	ne of the follov	ving documents:	
Partial Certificat	te of cause of o	death; or	
A disposal auth	orisation; or		
An authorisation Deaths and Man	•	f human remains granted by the	he Minister or the Registrar of Birth,
			Attached YES / NO
Council Authoris	sation:	Name:	
		Signature:	
Act 2013 and	Regulation 9	•	n 12.2 of the <i>Burial and Cremation</i> on <i>Regulations 2014</i> are sighted, Authority.
		hoolth on gov ou. Duriel of hun	nan remains on private property