

FUNERAL SERVICE DETAILS

Name of Funeral Service _____

Address of Funeral Service _____

Suburb _____ State _____ Postcode _____

Telephone _____ Mobile _____

Email _____

Person making arrangements on behalf of Funeral Service

Last Name _____ First Name _____

I agree to be bound by the general instructions and policies of the Yorke Peninsula Council.

Signature on behalf of Funeral Service _____ Date _____

AUTHORISED PERSON DETAILS ON BEHALF OF THE DECEASED

Title: Dr Mr Ms Mrs Miss Gender: M / F

Last Name _____ First Name/s _____

Address _____

Suburb _____ State _____ Postcode _____

Telephone _____ Mobile _____

Relationship to Deceased _____ Email _____

I acknowledge that I am a person authorised to exercise the interment.

Authorised Person's Signature _____ Date _____

YPC OFFICE USE ONLY

Name Plate Checked: YES / NO

Please attach one of the following documents:

Partial Certificate of cause of death; or

A disposal authorisation; or

An authorisation to dispose of human remains granted by the Minister or the Registrar of Birth, Deaths and Marriages.

Attached YES / NO

Council Authorisation: Name: _____

Signature: _____

Once documentation meets the requirements of Section 12.2 of the *Burial and Cremation Act 2013* and Regulation 9 of the *Burial and Cremation Regulations 2014* are sighted, copies must be provided and attached to the Interment Authority.

For more information: www.sahealth.sa.gov.au, Burial of human remains on private property