

**PRINCIPAL OFFICE:**  
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<b>INTERMENT AUTHORITY</b> <b>PERMISSION TO INTER BODILY REMAINS ON</b> <b>PRIVATE LAND OTHER THAN A CEMETERY</b>	SF217
	Responsible Officer: Property Tenure
	Issue Date: 05/10/2018
	Next Review Date: December 2023

This form **must be** completed in full and returned to Council prior to proceeding with an interment outside a cemetery in an area zoned Primary Production within the Yorke Peninsula Council area.

### DETAILS OF DECEASED

Title:      Dr      Mr      Ms      Mrs      Miss      Gender: M / F  
 Last Name \_\_\_\_\_ First Name/s \_\_\_\_\_  
 Last Known Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

### INTERMENT LOCATION

**Please attach a map showing the intended location of grave or natural burial site. Identify any features and estimate the distance to surrounding structures.**

***NB The site must be at least 20 metres away from any building, structure or water well.***

Attached YES/NO

Address of Property \_\_\_\_\_  
 Suburb/Township \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 General description of area to be used \_\_\_\_\_  
 \_\_\_\_\_  
 Coordinates of Location \_\_\_\_\_  
 Intended interment depth \_\_\_\_\_  
 (Interment must be at least 1 metre in depth)

### LAND OWNER DETAILS

Title:      Dr      Mr      Ms      Mrs      Miss  
 Last Name \_\_\_\_\_ First Name/s \_\_\_\_\_  
 Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone (M) \_\_\_\_\_ Telephone (H) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relationship to Deceased (if any) \_\_\_\_\_  
**Signature of Landowner** \_\_\_\_\_ **Date** \_\_\_\_\_

**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 \_\_\_\_\_

<b>YPC OFFICE USE ONLY</b>	
Name Plate Checked:	YES / NO
Partial Doctors Certificate and Certificate of Identification are to be attached	Attached YES / NO
Council Authorisation:	Name: _____
	Signature: _____
<b><i>NB Once documentation which meets the requirements of Section 12.2 for the Burial and Cremation Act 2013 and Regulation 9 are sighted, copies must be provided and attached to the Interment Authority.</i></b>	