



INTERMENT AUTHORITY PERMISSION TO INTER BODILY REMAINS ON PRIVATE LAND OTHER THAN A CEMETERY	SF217
	Responsible Officer: Property Tenure
	Issue Date: 24/09/2015
	Next Review Date: September 2016

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 _____

YPC OFFICE USE ONLY	
Interment Number: _____	
Name Plate Checked:	YES / NO
Partial Doctors Certificate and Certificate of Identification are to be attached	Attached YES / NO
Council Authorisation:	Name: _____
	Signature: _____
<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>	