



APPLICATION FOR BURIAL PERMIT

49 Mann Street
GOSFORD NSW 2250
Telephone (02) 4325 8177
Email form to cemeteries@gosford.nsw.gov.au

All details must be provided. For the placement of ashes, re-opens and burials in reserved sites, confirmation of the correct site details and ownership rights must be made with Council prior to a burial date being arranged. Proof of ownership must be supplied. If not available, a Statutory Declaration may be acceptable.

Cemetery _____ Area _____ Section _____ Row No _____ Grave No _____

- New grave
- Pre-reserved site
- Re-open - current occupant _____
- Ashes
- Still-born
- Still-born pocket
- Destitute

Full name of deceased _____ Age _____ Sex _____

Last address _____

Date of Birth _____ Date of Death _____ Place of death _____

Size of coffin _____ Is there a cover over the grave that will need to be removed? Yes No

Funeral Director _____ Telephone No _____ email _____

Address _____ Postcode _____

Minister/Priest's name _____ Gravedigger _____ Interment date _____ Time _____

Name of applicant _____ Telephone No _____
(Person applying for burial permit)

Address _____ Postcode _____

Name of holder of Burial Licence _____ Telephone No _____
(This is the person/persons who holds / or will hold the Burial Licence, and have authority to control the gravesite)

Address _____ Postcode _____

Name & Address of executor (optional) _____

I, the undersigned, being the person registered as the holder of the Burial Licence of the gravesite, **OR**
 I, the undersigned, in the absence of the person registered as the holder
hereby request Gosford City Council to allow the abovementioned grave to be opened and the body/ashes of the deceased to be interred therein.

I certify that I am the _____ (state relationship) of the deceased and authorise the opening of the grave for the burial of the deceased. I indemnify Council against all claims and/or proceedings which may be brought by reason of Council consenting to the opening of the grave and interment of the abovementioned deceased. I acknowledge that Council will place a temporary name marker on the grave for (12) twelve months only, after which time it will be removed. **(Only applies to purchase of new gravesite for immediate need burial)**

Signed _____ Date _____

Witness _____ Address of witness _____

Office Use Only					
Application No		Receipt No		Date Paid	
Plot Details Verified		Burial No		IR Number	
Authority Updated		Permit to Bury Issued		Invoice Raised	
Burial Licence Issued		Enter in Calendar			

New Grave HK 561
and/or Burial Permit Fee HK 566