


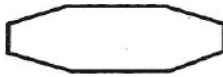
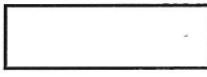

FORM

WOLLONGONG MEMORIAL GARDENS & CEMETERIES CEMETERY BURIAL / INTERMENT PERMIT



Privacy Notification (*Privacy and Personal Information Protection Act 1998 – Section 10*) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

Wollongong Memorial Gardens & Cemeteries
176 Berkeley Road, Unanderra, NSW 2526
Post Locked Bag 8821 Wollongong DC NSW 2500
Phone 02 4227 7780
Email memorialgardens@wollongong.nsw.gov.au
Web www.memorialgardens.wollongong.nsw.gov.au
Hours of Interment: 9:30 am to 3:00 pm

PERSONAL DETAILS			
Full Name of Deceased <small>Click or tap here to enter text.</small>			
Address <small>Click or tap here to enter text.</small>			
Date of Birth <small>Click or tap to enter a date.</small>	Date of Death <small>Click or tap to enter a date.</small>	Age <small>Click or tap here to enter text.</small>	
Sex <small>Click or tap here to enter text.</small>	Religion <small>Click or tap here to enter text.</small>	Occupation <small>Click or tap here to enter text.</small>	
Cemetery <small>Click or tap here to enter text.</small>	Notifiable Diseases <small>Click or tap here to enter text.</small>	<input type="checkbox"/> List A	<input type="checkbox"/> List B
<input type="checkbox"/> New Ground	<input type="checkbox"/> Old Reservation	<input type="checkbox"/> Re-open	<input type="checkbox"/> Crypt
Portion <small>Click or tap here to enter text.</small>		Beam / Row No. <small>Click or tap here to enter text.</small>	
Grave No. <small>Click or tap here to enter text.</small>	Side <small>Click or tap here to enter text.</small>	Depth <input type="checkbox"/> double <input type="checkbox"/> single	
If Re-open, Name of Deceased Interred <small>Click or tap here to enter text.</small>			
Licencee for Re-open <small>Click or tap here to enter text.</small>			
<input type="checkbox"/> Original Licencee	<input type="checkbox"/> Executor	<input type="checkbox"/> Other	
If Other, what Authority <small>Click or tap here to enter text.</small>	<input type="checkbox"/> Original Licencee Written Permission	<input type="checkbox"/> Statutory Declaration	
Reservation Required <small>Click or tap here to enter text.</small>			
Reservation to be in the Name of <small>Click or tap here to enter text.</small>			
Address for Reservation <small>Click or tap here to enter text.</small>			
FUNERAL DETAILS			
Funeral Director <small>Click or tap here to enter text.</small>		Family Attending <small>Click or tap here to enter text.</small>	
Date of Interment <small>Click or tap to enter a date.</small>		Time of Interment <small>Click or tap here to enter text.</small>	
Officiating Minister <small>Click or tap here to enter text.</small>		Coffin Size <small>Click or tap here to enter text.</small>	
Coffin Shape			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	

**WOLLONGONG MEMORIAL
GARDENS & CEMETERIES
CEMETERY BURIAL / INTERMENT
PERMIT**



SPECIAL REQUESTS

Click or tap here to enter text.

Click or tap here to enter text.

Copy of Death Certificate attached

APPLICANT DETAILS

Name of Licensee [Click or tap here to enter text.](#)

Address of Licensee [Click or tap here to enter text.](#)

Phone Number [Click or tap here to enter text.](#)


Email [Click or tap here to enter text.](#)

I, the undersigned, being the person responsible for the funeral arrangements DO HEREBY REQUEST Wollongong City Council to allow the said grave to be opened and the body of the deceased interred.

I certify that I am the [Click or tap here to enter text.](#) (state relationship) of the said deceased and I am duly empowered to authorize the opening of the said grave and that the said body should be rightly interred in the grave of the said deceased. I, the undersigned, DO HEREBY INDEMNIFY and hold safe and harmless the said Council against all actions, proceedings, claims, demands, damages, costs, losses and expenses whatsoever which may be made or instituted against or suffered by the said Council in any manner whatsoever by reason the said Council having consented to opening the such grave and the interment therein of the body of the above mentioned deceased. I further agree to comply with Council's regulations regarding the erection of the monuments and to pay the costs involved in erecting a monument to the deceased. All memorials, must be of a design and material approved by Wollongong City Cemetery management.

Signed 

Date [Click or tap to enter a date.](#)

Signature of Witness 

Licencee Phone No. [Click or tap here to enter text.](#)

Funerals arriving more than 30 minutes after booking time **will be charged a late fee.**

The personal information that Wollongong City Council is collecting from you on this form is being collected for the purpose of the keeping of a Public Register as required by the Public Health Regulation 1991. The information will be used for this purpose only, will be securely kept and will be safeguarded against loss, unauthorized access and misuse. You have the right to access the information you have provided and to seek amendment of the information if it changes by contacting Wollongong City Council.