


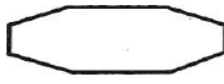
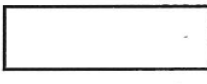

# FORM

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






*Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10) -*  
The information that Council is collecting from you via this application may be personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council. Any person may apply to inspect the application in accordance with the Government Information (Public Access) Act 2009. The supply of the information by you is voluntary and if you cannot, or do not wish to provide the information sought, 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 legislation. 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 **Fax** 02 4271 7535  
**Email** [memorialgardens@wollongong.nsw.gov.au](mailto:memorialgardens@wollongong.nsw.gov.au)  
**Web** [www.memorialgardens.wollongong.nsw.gov.au](http://www.memorialgardens.wollongong.nsw.gov.au)  
**Hours of Interment:** 9:30 am to 3:00 pm  
**Funerals arriving more than 30 minutes after booking time will be charged a late fee**

PERSONAL DETAILS				
Full Name of Deceased				
Address				
Date of Birth	Date of Death	Age	Sex	
<input type="checkbox"/> New Ground	<input type="checkbox"/> Old Reservation	<input type="checkbox"/> Re-open	Notifiable Diseases <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cemetery				
Site location			Depth <input type="checkbox"/> double <input type="checkbox"/> single	
If Re-open, Name of Deceased Previously Interred				
Reservation Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
FUNERAL DETAILS				
Funeral Director		Family Attending/Private Service		
Date of Interment		Time of Interment		
Graveside service		Coffin Size		
Coffin Shape				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL REQUESTS				
Layer of Sand <input type="checkbox"/> Yes				
Copy of Death Certificate attached <input type="checkbox"/>				

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

<b>LICENSEE/APPLICANT DETAILS</b>	
Name:	
Address:	
Phone Number:	Email:
<b>LICENSEE/APPLICANT DETAILS 2 (if required)</b>	
Name:	
Address:	
Phone Number:	Phone Number:
<b>Secondary Contact Details for Licensee/Applicant (Next of Kin)</b>	
Name:	
Address:	
Phone Number:	Email:
<p>I certify that I am the _____ (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.</p>	
<input type="checkbox"/> Applicant has been informed that all fees for the site and interment are to be paid directly to the cemetery operator. All fees must be paid in full prior to the booked burial date.	
Applicant 1 Signed 	Date
Applicant 2 Signed 	Date
Signature of Witness 	

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.