

Application No: _____



APPLICATION FOR FUNERAL LICENCE (SINGLE OR ANNUAL)

CEMETERIES ACT 1986

Name of Applicant: _____

Address: _____

Date of Funeral: _____

Cemetery: _____

I hereby make application for a: Single or Annual Licence (please tick appropriate box) to be issued in relation to the details above and in support of such application I declare as follows;

1. That I have in my possession a doctor's certificate.
2. That in the event of a Burial:
 - a. I am the holder of the Grant of Right for the grave; or
 - b. I shall produce to the City the written consent of the holder of the Grant of Right of Burial for me to exercise the Rights to bury the above named deceased person in the grave; or
 - c. That without either of the above I will be liable and I indemnify the City from expenses or damage resulting from the exercise of such Rights.
3. I will complete a Certificate of Identification (Fifth Schedule).
4. That the deceased will be enclosed in substantial coffin bearing the name of the deceased person stamped (or otherwise indelibly inscribed) in legible characters on a metal plate on the coffin lid.

The casket will be obtained from: _____

Casket dimensions are: _____ mm x _____ mm

5. That the vehicle used to transport the body and coffin within the cemetery is a suitable vehicle of the following description:

Make: _____ Model: _____ Year: _____

Or an approved vehicle owned by: _____



6. In the event of a licence being issued I will comply with all Cemetery Local Laws and conditions prescribed by the City.

7. I agree to maintain Public Liability Insurance cover and Workers Compensation Insurance cover (where applicable) as a condition of my licence.

Note: A copy of Certificate of Currency of Insurance to be submitted with this application.

Signature of Applicant: _____ Date: _____

Approved By: _____ Date: _____