



Southern Metropolitan Cemeteries NSW

An order for interment

SMCNSW will not allow an interment to take place unless this form has been filled out and has been approved by an authorised member of staff.

If the form has not been pre-populated by a member of SMCNSW staff please complete as much information as you can and for assistance contact:

Woronora Memorial Park wmp.bookings@smcnsw.org.au

Eastern Suburbs Memorial Park esmp.bookings@smcnsw.org.au

Please return this document no later than TWO BUSINESS DAYS prior to booking date.

Deceased Details

Full Name					
Date of Birth		Date of Death		Age	
Last Address	Street				
Suburb		State		Postcode	
Place of Death					
Denomination					

Details of Interment

Date of Interment		Time			
Cemetery		Booking Ref.			
Interment Site (Section-SubSection-Position)					
Registered Holder(s) Name					
Holder(s) Address	Street				
Suburb		State		Postcode	

Deceased's Next of kin OR secondary interment right contacts:

Given name/s: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: (H) _____ (W) _____ (M) _____

Email: _____ Relationship to the deceased: _____



Funeral Director Details

Funeral Company			
Address			
Funeral Arranger	Name		Phone
	Email		

- Dig Type Grave** Full Depth Re-open Ash into grave
- Grave Allocation** Pre-purchased Family to choose SMCNSW to choose
- Grave Type** Lawn Monumental Lawn Full Monumental
- Entombment** Crypt - LHS or RHS Vault - SHELF Other above ground structure
- Deceased** Adult Child Infant/Stillborn
- Coffin** Standard Tapered both ends
- Casket** Square - Lawn/
Crypt Tapered both ends American Style - Lawn/Crypt

Coffin Details *Please provide all dimensions in millimetres (mm)*

Casket/coffin size: _____ (length) _____ (width) _____ (height)
OR
Size of opening required for interment: _____ (length) _____ (width) _____ (height)

At the time of consultation, the prescribed site allows for the interment of a coffin per the aforementioned dimensions. Additional fees and charges may be incurred for any non-conforming coffins. An order for interment is granted once the applicant and funeral director agree that the coffin will conform with the dimensional requirements provided for above.



Applicant Declaration:

I declare and acknowledge in my capacity as the rights holder or as authorised on behalf of the rights holder that:

- 1. I am over the age of 18,
- 2. I have read and understand the matters set out in the Standard Consumer Terms and Conditions (SCTC); and
- 3. I understand the conditions and obligations associated with this request as set out in the SCTC; and
- 4. I agree to be bound to those conditions and obligations as outlined in the SCTC;
- 5. the interment will not take place unless:
 - a. the interment fee has been paid and cleared beforehand; and
 - b. SMCNSW is satisfied with the information and representations made by the applicant.
- 6. the information and representations I have made or provided are true and correct to the best of my knowledge.

Applicant name: _____

Signed: _____ Date: _____ Time: _____

Associated Party Declaration:

I declare and acknowledge in my capacity as authorised on behalf of the rights holder that:

- 1. I am aware of my obligations to SMCNSW as a funeral director.
- 2. I have provided and have given the applicant the opportunity to read and understand the matters set out in the Standard Consumer Terms and Conditions (SCTC); and
- 3. confirmed they have understood the conditions and obligations associated with this request as set out in the SCTC.
- 4. the interment will not take place unless:
 - a. the interment fee has been paid and cleared beforehand; and
 - b. I have submitted all requested documents; and
 - c. SMCNSW is satisfied with the information and representations made by the applicant and any associated parties (including myself).
- 5. the information and representations I have made or provided are true and correct to the best of my knowledge.

Funeral Director name: _____

Signed: _____ Date: _____ Time: _____

SMCNSW Declaration:

I _____ the undersigned am duly authorised on behalf of SMCNSW to certify this order pursuant to the obligations outlined and delegated under the *Cemeteries and Crematoria Act 2013*.

It has been represented to the staff of SMCNSW that the applicant and any associated parties to this interment have read and agreed with the SCTC and any applicable terms or laws.

_____ Signed by and on behalf of SMCNSW	_____ Date	_____ Time
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