



Application for Burial – Land other than Council Cemetery

Request for permission to inter bodily remains on land other than a cemetery or natural burial ground outside of township boundaries

Before applying, please read the following documents:

- Adelaide Hills Council policy 'Burials Outside Cemeteries'
- SA Health fact sheet on 'Burial of Human Remains on Private Properties'

An application fee is applicable and must be paid upon lodgement of application

Applicant/Authorised Person (personal representative or relative of the deceased):	Name:		
	Address:		
	Suburb:	State:	P/code:
	Telephone:	Mob:	
	Email:		
	Relationship to the Deceased (provide evidence):		

Interment Location and Details:	Address of Property:		
	Suburb:	State:	P/code:
	GPS Coordinates of burial site:	Latitude:	Longitude:
	General description of the area to be used:		
			Interment Depth:

Landowner Details:	Name:		
	Address:		
	Suburb:	State:	P/code:
	Telephone:	Mob:	
	Email:		
	Relationship to the Deceased (if any):		

Deceased Details:	FULL Legal Name:		
	Last Known Address:		
	Suburb:	State:	P/code:
	Date of death:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	The deceased person died of natural causes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Authorisation for the Certificate of Identification was issued by:		

Funeral Company Details:	Company:	Name:
	Telephone:	Email:
	Interment Date:	Interment Time:

For the application to be assessed the following documents must be attached:

- Evidence that the Applicant is the personal representative or relative of the deceased
- Written approval of the owner of the land on which the burial is to occur
- Plan/map of the property detailing the exact location of the burial and surrounding structures
- A copy of the Certificate of Title for the land on which the burial is to occur
- Written consent of anyone with an interest in the land on which the burial is to occur (i.e. mortgagee or easement holder)
- A copy of the death certificate (or if not available, Doctor's Certificate of Cause of Death and Partial Certificate of Cause of Death)

I acknowledge that I have read and understood my rights and responsibilities and declare that I am a person authorised to exercise the interment in accordance with the *Burial and Cremation Act 2013* and the *Burial and Cremation Regulations 2014*

Authorised Person's Signature:

Date:

Please return the completed form, with proof of payment to:

Adelaide Hills Council, PO Box 44, Woodside SA 5244, Ph 8408 0400 or Email: mail@ahc.sa.gov.au