*Burial and Cremation Act 2019*

Cemetery Closure Application

*(*pursuant to section 64 of the *Burial and Cremation Act 2019)*

PART 1: APPLICANT INFORMATION (MUST BE THE CEMETERY MANAGER/OWNER)

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If the cemetery manager is a body corporate, please provide the name of the contact person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact details:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART 2: CEMETERY INFORMATION

Name of cemetery to be closed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Full address of the cemetery:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of last interment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of exclusive rights of burials (and interment in a monument) granted that are yet to be fulfilled:

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Number of agreements in place to maintain a vault, grave or monument under Section 39(3) of the Act (if any), and the obligations under each agreement (including time period of the agreement i.e. end date or perpetual agreement):

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Please outline below any provision made out of the revenue received for the purposes detailed under Section 36 of the *Burial and Cremation Act 2019* (e.g. for maintenance, management and improvement of the cemetery) (attach further information if necessary):

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Please provide detail on any graves of known cultural or historical significance (attach further information if necessary):

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Please provide the number of known war veteran graves or monuments in the cemetery, and all known details (attach further information if necessary):

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PART 3: DOCUMENTS CHECKLIST – PLEASE ENSURE THESE DOCUMENTS ARE ATTACHED TO YOUR APPLICATION FORM

Copy of notice of intention to close

Copy of all information received in response to the notice of intention to close

Copy of the Certificate of Title

Copy of the record of interments in the cemetery

Receipt for payment of the application fee

*Please note the Regulator may request further information if required.*

PART 4: DECLARATION

I confirm that the information contained in this application is true and correct:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that penalties apply for providing false or misleading information in making an application under the *Burial and Cremation Act 2019.*