*Burial and Cremation Act 2019*

Application for Certificate of Compliance in Respect of Proposed Sale

*(*pursuant to section 54 of the *Burial and Cremation Act 2019)*

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

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 sold:

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Full address of the cemetery (*if only a portion of the cemetery is to be sold, please identify the portion of the cemetery to be sold*):

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

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Have holders of an exclusive right of burial been notified in writing of the intention to sell the cemetery?

NO

YES

Has the Director of Public Health ever issued a notice/s in relation to the cemetery?

NO

YES

PART 3: DOCUMENTS CHECKLIST (please attach copies of the following documents)

Copy of notice of intention to sell the cemetery (as required under section 52(1)(a))

All information received in response to notice of intention to sell the cemetery (as required under section 54(2)(b)(iii))

Copy of the audit of the cemetery (as required under section 53) (*refer to Audit Guidelines for further information on Audit requirements*)

Receipt for payment of the application fee

PART 4: SALE TIMEFRAMES

Do you anticipate the sale process taking longer than 12 months? If yes, what is the reason for this?

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PART 5: 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.*