



APPLICATION TO DISINTER CREMATED REMAINS FOR REMOVAL FROM GILGANDRA CEMETERY

Bylaw for Crown Land Reserves Sustainable Burials Amendment 2011
Gilgandra Shire Council's Cemetery Policy
Public Health Regulation (Disposal of Bodies) 2002 NSW

Gilgandra Shire Council, PO Box 23, Gilgandra NSW 2827
Phone: 02 6817 8800; Fax: 6847 2521; Email: Council @gilgandra.nsw.gov.au

1. APPLICANT	
(Circle Applicable Title): Mr / Mrs / Miss / Ms	
Surname:	
First Name:	
Residential Address:	
Suburb: Postcode:	
Daytime Phone Number:	
Mobile: Fax:	
Email:	

2. DECEASED	
Surname:	
First Name:	
Last Residential Address:	
Suburb:	Postcode:
Date of Birth:	Date of Death:
Place of Burial:	

3. DETAILS
Relationship to Deceased:
Were or are you the Executor for the estate of the Deceased?
Are you the person who applied for the cremation of the Deceased?
Are you the person who originally applied for the current interment of the remains?
Have all near relations of the abovementioned Deceased, including surviving spouse, parents, siblings, brothers, sisters and executors, been advised that you are applying to remove the remains from their current interment?

The Applicant and a Justice of the Peace must initial this page hereunder:

Initial (Applicant):	Date:	Initial (JP):	Date:
----------------------	-------	---------------	-------



APPLICATION TO DISINTER CREMATED REMAINS FOR REMOVAL FROM GILGANDRA CEMETERY

Bylaw for Crown Land Reserves Sustainable Burials Amendment 2011
Gilgandra Shire Council's Cemetery Policy
Public Health Regulation (Disposal of Bodies) 2002 NSW

Gilgandra Shire Council, PO Box 23, Gilgandra NSW 2827
Phone: 02 6817 8800; Fax: 6847 2521; Email: Council @gilgandra.nsw.gov.au

Applicant **MUST** complete the declaration below

5. STATUTORY DECLARATION

I hereby certify that all particulars stated in this application to disinter and remove the cremated remains of the

Late from the Gilgandra Cemetery are true and accurate, and, that to the best of my knowledge and belief, no particular material has been omitted.

I therefore make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths Act, 1900.

Declared at on
(Place) (Date)

Signature:
(Applicant)

In the presence of an authorised witness, who states:

I, a
(name of authorised witness) (qualification of authorised witness)

Certify the following matters concerning the making of this statutory declaration by the person who made it:

> Cross out those that do not apply

- I saw the face of the person OR
- I did not see the face of person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.

AND

- I have known the person for at least 12 months OR
- I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:

.....
(Describe identification document relied on)

.....
(Signature of Authorised Witness) (Date)

This declaration must be signed in the presence of an authorised witness. A list of people who can be witnesses is set out in Schedule 2 to the *Statutory Declaration Regulations 1993*.