



# THE OAKS ANGLICAN CHURCH

St Luke's The Oaks, St Matthew's The Old Oaks

Postal Address: PO Box 6005, The Oaks. NSW 2570

Email: [cemetery@toa.church](mailto:cemetery@toa.church)

## APPLICATION FOR BURIAL

Public Health Act 2010 - Public Health (Disposal of Bodies) Regulation 2002

**Name of Applicant:** \_\_\_\_\_

I make application for burial in respect to the deceased described below:

I am the legal personal representative of the deceased being the executor named in the Will of the deceased or a person entitled to apply for letter of administration in respect to the estate of the deceased; **OR**

The funeral director in respect to the deceased.

Applicant's Signature: \_\_\_\_\_

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

Relationship to Deceased: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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

**Name of Deceased:** \_\_\_\_\_

Sex: M / F    Date of Birth: \_\_\_\_\_    Date of Death: \_\_\_\_\_    Age: \_\_\_\_\_

Date of Burial: \_\_\_\_\_    Burial in Row: \_\_\_\_\_    Plot No: \_\_\_\_\_

NOTE: If a burial involves re-opening of a grave, the "Right of Burial" to do so must be produced, together with the written consent of the holder (or approved person).

**Return this form to** - The Cemetery Administrator, St Luke's Anglican Church, at the postal address indicated at top of this application (Note: not processed until payment received).

**OR**

Scan and email to – [cemetery@toa.church](mailto:cemetery@toa.church) (Note: not processed until payment received).

**Application fee \$330.00** (GST inclusive).

**Payment by Direct Transfer** to – Westpac Bank Narellan, BSB 032-710, A/c 350300.

Include – applicant's name and St Matthew's Cemetery as the reference for the deposit.

Please forward an email to [cemetery@toa.church](mailto:cemetery@toa.church) indicating payment has been made, a receipt will be forwarded to you.

**OFFICE USE ONLY:**

Applicant Name: \_\_\_\_\_

Grave Location: Row \_\_\_\_\_ Plot \_\_\_\_\_

Application Received and all details completed: Yes / No

Application Fee Paid: Yes / No

Receipt No. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Approved: Yes No (further details required)

Cemetery Administrator: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY:**

Burial details recorded in death register: Yes

Burial details recorded on database: Yes

Burial details recorded on cemetery map: Yes

Burial application details filed: Yes