*Cemeteries and Crematoria Act 2003* | Cemeteries and Crematoria Regulations 2025 | Regulation 23 | Form 2

2

Application for interment approval – interment other than in a public cemetery

|  |  |  |  |  |  |  |  |  |  |  |  |
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| Notes | | | | | | | | | | | |
| 1. Please note approval of your application is at the discretion of the Secretary of the Department of Health (the department). 2. It is strongly recommended you review the department’s factsheet for *Applying for approval to inter bodily remains outside a public cemetery* available on the [department’s website](https://www.health.vic.gov.au/cemeteries-and-crematoria/private-cemeteries-and-burials) <https://www.health.vic.gov.au/cemeteries-and-crematoria/private-cemeteries-and-burials> and/or liaise with the department’s [Permits and Licensing team](mailto:statutoryapprovals.cemeteries@health.vic.gov.au) <statutoryapprovals.cemeteries@health.vic.gov.au> before submitting an application if you have any questions. | | | | | | | | | | | |
| The deceased person | | | | | | | | | | | |
| Full name: | | | | | | | | | | | |
| Sex:  Male  Female  Other  Don’t know  Prefer not to say | | | | | | | | | | | |
| Date of birth:    /    / | | | | Date of death:    /    / | | | | Age: | | | |
| Last known permanent street address: | | | | | | | | | | | |
| Suburb/town/city: | | | | | | State: | | | Postcode: | | |
| Religion if any (optional): | | | | | | | | | | | |
| Did the deceased person have a spouse or domestic partner at the time of the deceased person's death?  Yes  No  Don’t know  Prefer not to say | | | | | | | | | | | |
| Location of proposed place of interment | | | | | | | | | | | |
| Property details (specify address and Certificate of Title folio and volume reference, and if the interment is proposed to take place on Crown land, Crown allotment details): | | | | | | | | | | | |
| Location of interment on land (provide details consistent with the cemetery system for recording grave locations, e.g. section, row, grave number or other geographical locator): | | | | | | | | | | | |
| *Please answer this question if a grave with an existing interment(s) is to be re-opened for the interment of the deceased person.*  Full name of deceased person(s) interred in grave (optional): | | | | | | | | | | | |
| **Details of other interments at the proposed place of interment** | | | | | | | | | | | |
| Is there a record of another person having been buried on the land?  Yes  No  If no, contact the department to discuss the application. | | | | | | | | | | | |
| If yes, is the existing grave(s) clearly marked?  Yes  No  Provide details, such as existing headstones, fencing of grave, etc: | | | | | | | | | | | |
| Interment and funeral arrangements *Details of the funeral director or the person arranging for the interment and the funeral service (if any).* | | | | | | | | | | | |
| Company name (if any): | | | | | | | | | | | |
| Full name: | | | | | | | | | | | |
| Street address: | | | | | | | | | | | |
| Suburb/town/city: | | | | | | State: | | | Postcode: | | |
| Telephone number(s): | | | | | | | | | | | |
| Email: | | | | | | | | | | | |
| Dimensions of coffin, container, or receptacle: | | | | | Length: | | Width: | | | Depth: | |
| Material of which coffin, container or receptacle is constructed (specify, e.g. wood, metal): | | | | | | | | | | | |
| Description of memorial or marker to be placed over the place of interment: | | | | | | | | | | | |
| **Funeral service**  Date and time of funeral service, if any (optional): | | | | | | | | | | | |
| Date and time of interment (optional): | | | | | | | | | | | |
| Applicant’s details | | | | | | | | | | | |
| Full name of applicant: | | | | | | | | | | | |
| Street address: | | | | | | | | | | | |
| Suburb/town/city: | | | | | | State: | | | Postcode: | | |
| Telephone number(s): | | | | | | | | | | | |
| Email: | | | | | | | | | | | |
| Relationship to deceased person: | | | | | | | | | | | |
| Consent of landowner/manager | | | | | | | | | | | |
| Please obtain the consent of the applicable person listed below to the interment on the land (select one of the following options): | | | | | | | | | | | |
|  | | Land owner – attach a copy of the Certificate of Title confirming your ownership of the land and sign below indicating your consent to the interment on your land. | | | | | | | | |
|  | | Signature of land owner: | | | | | | | | Date:    /    / |
|  | | Appointed delegate of the land owner – attach a copy of the Certificate of Title and a signed statement from the land owner indicating that you are authorised to act on their behalf in regard to conducting interments on their land. This statement must include the land owner’s full name, address and contact telephone number. | | | | | | | | |
|  | | Signature of delegate: | | | | | | | | Date:    /    / |
|  | | Appointed land manager (relates to Crown land) – attach a statement from the body responsible for the management of that land that you are authorised to carry out the interment on the land. | | | | | | | | |
|  | | Statement attached | | | | | | | | |
| Information accompanying application | | | | | | | | | | | |
| The following document is attached to this application in accordance with section 121(3) of the *Cemeteries and Crematoria Act 2003*: | | | | | | | | | | | |
|  | | notice of death by treating doctor (notice under section 37(2) of the *Births, Deaths, and Marriages Registration Act 1996*) | | | | | | | | | |
|  | | copy of coroner's order  (order made by a coroner under section 47 of the *Coroners Act 2008*) | | | | | | | | | |
|  | | notice of death by treating doctor – other jurisdiction  (if the deceased person died outside Victoria, a document corresponding to a notice under section 37(2) of the *Births, Deaths and Marriages Registration Act 1996* from the jurisdiction where the deceased person died) | | | | | | | | | |
|  | | notice of still-birth  (notice of still-birth under the *Births, Deaths and Marriages Registration Act 1996*) | | | | | | | | | |
|  | | notice of still-birth – other jurisdiction  (if the still-birth occurred outside Victoria, a document corresponding to a notice of still-birth under the *Births, Deaths and Marriages Registration Act 1996* from the jurisdiction where the still-birth occurred) | | | | | | | | | |
|  | | statutory declaration made by the person arranging the interment stating that, owing to special circumstances, it is not possible to produce one of the documents referred to above. | | | | | | | | | |
| Warning | | | | | | | | | | | |
| Under section 122 of the *Cemeteries and Crematoria Act 2003* it is an offence to make a false statement in an application for an interment approval, punishable by a fine of up to 240 penalty units or 2 years imprisonment or both. | | | | | | | | | | | |
| Applicant’s signature | | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | Date:    /    / | | |
|  | | | | | | | | | | | |
| **Collection notice** | | | | | | | | | | | |
| Any personal information you provide to the department in your application will be treated in accordance with the principles set out in the *Privacy and Data Protection Act 2014*. You may request access to the information the department holds about you and you in relation to your application and you may request its correction if necessary.  The information you provide to the department is required to enable us to process your application and inform you of matters concerning it. The department also needs the information to perform its functions and exercise its rights under the *Cemeteries and Crematoria Act 2003.* Except for the information you are required to submit under that legislation, you are not obliged to provide any personal information. However, should you choose not to provide this information, the department may not be able to process your application.  If you have any questions about how your information is handled or would like a copy of our privacy policy, please call 1300 884 706 or email [privacy@health.vic.gov.au](mailto:privacy@health.vic.gov.au). | | | | | | | | | | | |