



**Wudinna District Council**

PO Box 6, WUDINNA SA 5652  
Telephone: (08) 8680 2002 Fax (08) 8680 2296  
Email: [admin@wudinna.sa.gov.au](mailto:admin@wudinna.sa.gov.au)

**BURIAL ORDER FORM**

**CEMETERY LOCATION:** Kyancutta  Minnipa  Warrambo  Wudinna  Yaninee

**NAME OF DECEASED:** .....

**AGE:** ..... **DATE OF DEATH:** .....

**LAST KNOWN ADDRESS:** .....

**RELIGIOUS DENOMINATION:** .....

**DEATH CERTIFICATE PROVIDED:** YES  NO

**BURIAL/FUNERAL DETAILS** FUNERAL DETAILS TO BE SHOWN ON FLAGPOLE: YES  NO

Date of Funeral: ..... Hour of Funeral: ..... ETA at Cemetery: .....

Location of Funeral:.....

Person/Minister Officiating:.....

Name of Undertaker: ..... Grave Depth: Single  Double

**INTERMENT RIGHT DETAILS**

**IS A NEW INTERMENT RIGHT REQUIRED?** YES  NO  **Please provide details of new interment right:**

Please contact Council if Interment Rights need to be issued for other family members, this includes companion graves.

Name of Interment Right Holder: .....

Address of Interment Right Holder: .....

**IF NO, DETAILS OF PREVIOUS INTERMENT RIGHT:**

Name of Interment Right Holder: .....

**IF INTERMENT NEEDS TO BE TRANSFERRED TO NEW HOLDER, PLEASE PROVIDE THE FOLLOWING:**

A 'Transfer of Interment Right' Form must be completed before grave preparations commence. Refer to Section 32, *Burial & Cremation Regulations 2014* for those who can exercise or enforce an interment right.

Name of Interment Right Holder: .....

Address of Interment Right Holder: .....

**PERSONS LEGALLY RESPONSIBLE FOR PAYMENT OF ALL BURIAL FEES:**

Name: .....

Address:.....

**SIGNATURE OF PERSON PLACING ORDER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

Burial Number: ..... Grave Number:..... Interment Right Number:..... Amount Payable: .....

Death Certificate Sighted: YES  NO  Application for Burial in an Existing Grave Completed: YES  NO  N/A  **Signature:** \_\_\_\_\_