



All correspondence to:

E: operations@wattlerange.sa.gov.au

A: PO Box 27, Millicent SA 5280

P: (08) 8733 0900

INTERMENT ORDER

This form must be completed by:

- for a new interment right - the person applying for an interment right
- for an existing interment right - the Interment Right Holder*, or a person authorised to exercise the interment right in accordance with Section 35 of the *Burial and Cremation Act 2013* (see page 3).

**The Interment Right Holder is the person/s nominated to decide and advise the Council about who may be buried, have ashes placed or be memorialised in a particular site.*

DATE OF ORDER:

CEMETERY LOCATION

☐ Millicent ☐ Tantanoola ☐ Rendelsham ☐ Penola ☐ Kalangadoo ☐ Beachport ☐ Furner

DECEASED DETAILS

Title: ☐ Dr ☐ Mr ☐ Ms ☐ Mrs ☐ Miss

Given Name/s Last Name

Date of Birth Date of Death Age

Last Known Address

INTERMENT DETAILS

Day of Interment Date Time of Interment

ETA at Location of Service

Location of Service: ☐ Church ☐ Graveside ☐ RSL ☐ Other

If a Church service, please specify the Church

Special requests

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Person/Minister Officiating

Name of Funeral Director (company)

GRAVE TYPE

Grave Type: ☐ Niche Wall ☐ Grave ☐ Memorial Niche Garden

Interment Type: ☐ Cremation Urn ☐ Standard Coffin ☐ Couch Coffin ☐ Oversized Coffin

Grave Depth: ☐ Standard (2150cm) ☐ Triple (2650cm) ☐ Re-opening

CD:	Classification:	Position Responsible:	Date Adopted:	Review Due:
30	Public	Director Corporate Services	2 Apr 2026	Apr 2030

INTERMENT LOCATION (Please select one option ONLY)

☐ New location (Council to allocate new Interment Right)

(Please note – An Interment Rights and Responsibilities – Plain English Statement nominating the Interment Right Holder/s must be completed and provided to Council with the Interment Order).

☐ Location with an existing Interment Right:

Details of existing grave/site

Names of person/s already interred

.....

INTERMENT RIGHT HOLDER/S	
COMPLETE THIS SECTION ONLY IF LOCATION HAS AN EXISTING INTERMENT RIGHT	
EXISTING INTERMENT RIGHT HOLDER/S	
Name	Name
Transfer of Right required (up to 2 people may be named as Interment Right Holders)? ☐ Yes ☐ No	
If Yes , an Application to Transfer Interment Right form and a signed Interment Rights and Responsibilities – Plain English Statement MUST be supplied.	

DETAILS OF PERSON RESPONSIBLE FOR PAYMENT OF ALL BURIAL FEES AND CHARGES

Full Name

Address

Suburb State Postcode

Phone Email

DETAILS OF APPLICANT OR AUTHORISED PERSON PLACING INTERMENT ORDER

*(for a new interment right, this is the person applying to be issued an interment right,
for an existing right, this must be the Interment Right Holder, or a person authorised to exercise the interment right)*

Full Name

Address

Suburb State Postcode

Phone Email

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ADDITIONAL INFORMATION:

New/transfer of interment right

- If a new interment right is being requested, the person applying will become the Interment Right Holder.
- In signing this Interment Order Form, the Authorised Person acknowledges receipt of the Interment Rights and Responsibilities – Plain English Statement if a new interment is required.

Authority to exercise the interment right

- Only the Interment Right Holder may exercise an interment right, unless the Interment Right Holder is deceased, in which case, the interment right may be exercised by the personal representative of the deceased Interment Right Holder (by definition, the Executor or Administrator of the Deceased Estate) in accordance with section 35 of the *Burial and Cremation Act 2013*.
- If there is no personal representative, the interment right may be exercised in accordance with regulation 32 of the Burial and Cremation Regulations 2014 as follows:
 - by the spouse of domestic partner of the deceased Interment Right Holder; or
 - if there is no surviving spouse or domestic partner – by the eldest living relative of the deceased Interment Right Holder in the following descending order of priority:
 - a child;
 - a grandchild or great-grandchild;
 - a brother or sister;
 - a parent;
 - a grandparent;
 - an aunt or uncle;
 - a nephew or niece;
 - a cousin;
 - any other blood relative

I acknowledge that I have read and understand my rights and responsibilities and declare that I am applying for a new interment right, or am the Interment Right Holder, or a person authorised to exercise an existing interment right.

Applicant or Authorised Person's Signature: Date:

Please email to operations@wattlerange.sa.gov.au the following documents prior to interment:

- ☐ This Interment Order Form
 - ☐ Interment Rights and Responsibilities – Plain English Statement
(for either new or transferred Interment Right Holder)
 - ☐ Application to Transfer Interment Right Form (for transferred Interment Rights only)
 - ☐ Form 6 – Partial Certificate of Cause of Death
 - ☐ Form 7 – Certificate of Identification of Deceased
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OFFICE USE ONLY

SECTION 1 – To be completed by Council’s Representative and the Funeral Director
(NOT REQUIRED FOR INTERMENT OF ASHES)

LEGISLATIVE REQUIREMENTS to comply with Regulation 7 of the Burial and Cremation Regulations 2014

I, ..., Council’s Representative, have:
(Full Name)

- ☐ Received the Partial Certificate of Cause of Death (“Form 6”) and
- ☐ Received the Certificate of Identification of the Deceased (“Form 7”) and
- ☐ Sighted the Name Plate of deceased affixed to coffin and
- ☐ found all of the above corresponded prior to this burial taking place.

Signed: _____
(Council’s Representative)

Witnessed by: Funeral Director
(Full Name)

Signed: _____

SECTION 2 – To be completed by Council

Register No. Debtor No. Invoice No. Amount \$

- ☐ Register No. entered into Database/Register

Name Signature _____

Burial No. IR No.

- ☐ Burial and IR No. entered on Database and Cemetery Plan

Name Signature _____

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