



# APPLICATION FOR A PERPETUAL INTERMENT RIGHT OF BURIAL

## Purpose of this application form

This application form should be completed by a consumer that seeks to acquire a perpetual interment right at a cemetery. This application forms a contract between the parties. A right(s) of burial on the site will be granted. Form approved by Cemeteries & Crematoria NSW under subsection 56(2) of the Cemeteries & Crematoria Act 2013.

Burial	Ash interment			
Is the applicant also the intended holder of the interment right? Yes No				
If <b>No</b> : Applicant's details				
Given name/s:		Surname: _		
Address:				
Suburb:				
Phone: (H)	(W)		_ (M)	
Email:				
Intended holder/s of inte	rment right/s			
Holder 1				
Given name/s:		Surname:		
Address:				
Suburb:		State:		Postcode:
Phone: (H)	(W)		_ (M)	
Email:				
Holder 2				
Given name/s:		Surname:		
Address:				
Suburb:				Postcode:
Phone: (H)	(W)		_ (M)	
Email:				
Please attach an additional shee	et to register more than t	wo holders.		







Next of kin/secondary of	contact nominated by	/ holder of inter	ment right.	
Given name/s:		Surname:		
Address:				
				Postcode:
Phone: (H)	(W)		_ (M)	
Please attach an additional	sheet to register more th	an one secondary	contact.	
Interment Site:				
A right of burial and right at 8 Old Princes Highway		e granted at Wal	awaani Way Co	nservation Burial located
Identity of person/s who	se remains may be int	erred:		
OR				
Class of person/s whose	e remains may be inter	rred:		
Crasify a paraon who m	insta the perce	/- whose remo	ina may ba inta	
Specify a person who m	ay nominate the perso	M/S WHOSE TEITIG	iilis may be inte	rrea:
OR				
Specify the class of pers	son who may nominate	e the person/s w	hose remains m	ay be interred:







#### Payment (cemetery operator to complete)

Item/s	Fee
Single Right of Burial	
Double Right of Burial (side-by-side)	
Family Right of Burial (multiple side-by-side)	
Single Ash interment	
Double Ash interment	
Family Ash interment (multiple)	
Other	
Other	

The purchase of a Right of Burial includes;

- Planting and on-going maintenance of a native tree
- Certifying the burial and entering details into Statutory Register
- Detailed mapping of grave location

- Memorial certificate including GPS location
- Government Levy
- Perpetual Care Fund contribution of 8%

### Proof of identity

Applicants must produce two original identification documents, one of which must provide photo identification. These may include a passport, license issued under Australian law (driver's license or other government - issued license), birth certificate/citizenship certificate, credit card, EFTPOS card, Medicare card, and membership to a registered club. A sunset clause is a condition in the contract that sets a date for the contract to end if needed. If Walawaani Way Conservation Burial is not opened by March 2026 due to a number of reasons, such as unforeseen delays, then the holder of the interment right will be entitled to a full refund less the administration fee. A native tree will be planted on the property on your behalf.

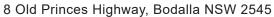
### Privacy declaration

Information collected on this form is held in accordance with the Privacy and Personal Information Protection Act 1998. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery / cremation services in accordance with the Cemeteries & Crematoria Act 2013. We will not collect any more information than is necessary to fulfill these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all the reasonable steps to protect the security of personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the Privacy and Personal Information Protection Act 1998.

## Declaration by the Operator

2 colaration by the operator				
The terms and conditions privacy to consider it.	have been explained to	o the customer and th	ney have been given time	and
Full Name:				
Signature:	Date:			







# Applicant's acknowledgment / declaration

I acknowledge that the all ter to me. I have been given tim information provided by me a	e and privacy to	consider the consume	tht have been disclosed and explained er's contract before signing it. The correct.
Full Name:			
Signature:	Date:		_
Declaration of Authorized	Agent (if applica	able)	
I have complied with the obli	gation of the ope	erator in this applicatio	n.
Full Name:			
Signature:	Date:		_
PAYMENT FORM			
EFT Details			
Account Name: Walawaani Please quote your last name	•	BSB: <b>062 692</b>	Number: <b>20908143</b>
Credit Card Details			
Card Type: VISA	mostercard		
Name on Card:			
Card Number:		Expiration Date	e:
I will be paying in full			
I will pay installi	ments of \$	per month.	
Please do not hesitate to contact F	iona McCuaig if you	have any questions.	