

CEMETERIES - APPLICATION FOR INTERMENT

This application must be acknowledged by a customer service representative in person or by phone. Pursuant to *Council Policy 252 - Cemeteries*, two (2) working days notice must be given to allow sufficient time for grave digging and other arrangements to be completed. Applicable fees and charges as set by Council are to be paid in advance of any interment.

DECEASED DETAILS

Surname: _____ First: _____ Middle: _____
 Gender: M F Date of Birth: ___ / ___ / ___ Date of Death: ___ / ___ / ___ Age: _____
 Religion: _____ Former Occupation: _____
 Cause of Death: _____ Death Certificate Attached: Y N
 Birthplace: _____
 Former Residence: _____

FUNERAL DETAILS

Date and time: ___ / ___ / ___ at ___ : ___ am / pm **Note:** Additional charges apply on weekends/public holidays and outside normal working hours, refer to relevant *fees and charges*.
 Service Type: Graveside only Church & Graveside: _____
 Setup Requested: Marquee Lowering Device Chairs: _____ **Note:** Availability may differ across locations
 Conductor: _____ Signature: _____
 Funeral Provider: _____ Phone Number: _____

NEXT OF KIN DETAILS

Name: _____
 Address: _____
 Relationship: _____ Phone: _____

BURIAL INTERMENT - GRAVE DETAILS

Claim of Existing Reserve: Y N Receipt/Right of Burial/Any other info attached: Y N
 Deceased known by any other Names (please list): _____
 Location: Cemetery: _____ Lawn Monumental
 Plot Details : Section: _____ Row: _____ Plot: _____ Grave ID: _____
Note: Applicant to leave blank if not known
 Required depth: Double (bottom) Double (top) Single (Monumental Only - Lawn Next Page)

Information Privacy Act 2009 – Collection Notice

The Information Privacy Act 2009 governs how your information is used, collected, disclosed and stored. This information will be used for the purpose of assessing your application; Council may also use this information to express its condolences. No information will be disclosed to any other third party without your written or verbal authorisation unless we are required to by law. **Doc ID: 733 171**



Mailing Address: PO Box 390, Gayndah Qld 4625
 Street Address: 34-36 Capper Street, Gayndah Qld 4625
 Telephone: 1300 696 272
 Facsimile: (07) 4161 1425
 Email: admin@northburnett.qld.gov.au
 Web: www.northburnett.qld.gov.au
 ABN: 23 439 388 197

Required depth:	<input type="checkbox"/> Single - Lawn (By family request only) Pursuant to <i>Council Policy 252 – Cemeteries</i> , all lawn allotments will be dug to double depth to allow for re-opening at a later date. Please advise if the family do not wish for this to occur.	
New Reservation :	Additional Grave required: <input type="checkbox"/> Y (<i>Application for Reservation</i> must be attached) <input type="checkbox"/> N	
EXTERNAL STAFF USE ONLY	Date Grave Prepared: _____	Grave filled in within 1 hr of burial: <input type="checkbox"/> Y <input type="checkbox"/> N
	Cemetery Key No.: _____	Staff Name: _____

INTERMENT OF ASHES – PLACEMENT DETAILS	
Ashes in Wall Location:	Cemetery: _____ Section (If applicable): _____ Niche ID: _____ Note: Applicant to leave blank if not known
Ashes in Grave Location Plot Details :	Cemetery: _____ <input type="checkbox"/> Lawn <input type="checkbox"/> Monumental Section: _____ Row: _____ Plot: _____ Grave ID: _____ Note: Applicant to leave blank if not known
Funeral Details:	Service already held: <input type="checkbox"/> Y <input type="checkbox"/> N Date/Time: ___ / ___ / ___ at ___ : ___ am / pm Conductor: _____ Funeral Provider: _____
Placement of Ashes:	Family wishes to be present at the time of Ashes being placed in the wall or grave? <input type="checkbox"/> Y (Please contact Council to arrange a suitable time) <input type="checkbox"/> N
Plaque Details:	Plaque to be supplied by Council: <input type="checkbox"/> Y (<i>Application for Plaque Required</i>) <input type="checkbox"/> N
EXTERNAL STAFF USE ONLY	Date Ashes Placed: _____ Resting place filled/Plaque installed: <input type="checkbox"/> Y <input type="checkbox"/> N
	Staff Name: _____

ADMIN OFFICE USE ONLY	
Information received from: _____	
Date/Time received: ___ / ___ / ___ at ___ : ___ am / pm	
Officer receiving name: _____	
Scanned to Records: <input type="checkbox"/> Y <input type="checkbox"/> N	
Registered Doc ID: _____	Receipt breakdown \$ _____ Interment/Ashes Fee
	\$ _____ Reserve Fee (If applicable)
Associated Amended version of this copy to InfoXpert: <input type="checkbox"/> Y <input type="checkbox"/> N <u>OR</u>	\$ _____ Plaque cost (If applicable)
Added comments to reflect amendments to this application: <input type="checkbox"/> Y <input type="checkbox"/> N	Total Amount: \$ _____ (GL 3100-1500-0000)
Completed InfoXpert Task: <input type="checkbox"/> Y <input type="checkbox"/> N	Receipt Number: _____
Cemetery Records: <input type="checkbox"/> Civica <input type="checkbox"/> Cemetery Index <input type="checkbox"/> Cemetery Register <input type="checkbox"/> Cemetery Plan	

Information Privacy Act 2009 – Collection Notice

The Information Privacy Act 2009 governs how your information is used, collected, disclosed and stored. This information will be used for the purpose of assessing your application; Council may also use this information to express its condolences. No information will be disclosed to any other third party without your written or verbal authorisation unless we are required to by law.

Doc ID: 733 171