

APPLICATION FOR BURIAL IN GRAVE OR INTERMENT IN NICHE

- ALL CEMETERY FEES AS PER COUNCIL'S CURRENT FEES AND CHARGES MUST BE PAID AT TIME OF APPLICATION.
- A **FORM 9** OR **FORM 14** MUST ACCOMPANY THIS FORM.
- COLUMBARIUM VESSEL MUST NOT EXCEED 21 CM LENGTH X 11 CM WIDTH X 8 CM HEIGHT (TAROOM CEMETERY ONLY).
- COLUMBARIUM VESSEL MUST NOT EXCEED 22.5 CM LENGTH X 11 CM WIDTH X 8.5 CM HEIGHT (OTHER CEMETERIES).

Date of Application	____ / ____ / ____		
Type of application being made	<input type="checkbox"/> Grave Site	<input type="checkbox"/> Ashes	<input type="checkbox"/> Niche <input type="checkbox"/> Plaque only
Cemetery Location (If requiring a preferred grave location, please contact Council first)	A grave / niche is required by the undersigned in accordance with the following particulars of the deceased.		
	<input type="checkbox"/> Biloela Lawn Cemetery	<input type="checkbox"/> Moura Lawn Cemetery	<input type="checkbox"/> Theodore Cemetery
	<input type="checkbox"/> Jambin Cemetery	<input type="checkbox"/> Baralaba Cemetery	<input type="checkbox"/> Cracow Cemetery
	<input type="checkbox"/> Wowan Cemetery	<input type="checkbox"/> Biloela Old Cemetery	
	<input type="checkbox"/> Taroom Lawn Cemetery	<input type="checkbox"/> Taroom Monumental Cemetery	
	Section: _____ Grave / Niche No: _____ Reserve held: YES / NO		
Applicant Details Please note – Right of Burial Certificate (if applicable) will be issued in the name of the applicant	Name: (Please Print)		
	Relationship to deceased:		
	Postal Address:		
	Locality / Town:	State:	Postcode:
	Signature:		
Right of Burial Holder Please tick	<input type="checkbox"/> Applicant is the person in whose name the Right of Burial is issued <input type="checkbox"/> Applicant acting with the full authority of the family of the deceased Right of Burial Holder. <input type="checkbox"/> Written authority is attached from the Right of Burial Holder. <input type="checkbox"/> The deceased is the Right of Burial Holder		
Deceased Details Please ensure that the full name and ALL details are supplied	Full Name:		
	Late Residence:		
	Locality / Town:	State:	Postcode:
	Former Occupation:		
	Age:	Sex:	Date of Birth: ____ / ____ / ____ Place of Birth:
	Date of Death : ____ / ____ / ____	Religion:	
Funeral Details	Date and hour of Funeral : ____ / ____ / ____ _____ am / pm		
	<input type="checkbox"/> Oversize Coffin Details:		
	<input type="checkbox"/> Graveside Service <input type="checkbox"/> Church Service Details:		
	Minister's Name:		
Funeral Director	Name:		
	Postal Address:		
	Locality / Town:	State:	Postcode:
	Signature:		
	<i>I acknowledge that payment of fees is required prior to burial & that no invoice for fees will be issued.</i>		
	PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE MAINTAINING COUNCIL'S CEMETERY REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.		
OFFICE USE ONLY	Receipt No:	Receipt Date:	
	Entered On Computer Register		
	Record of Burial Issued: Y / N	Date: ____ / ____ / ____	
	Right of Burial Issued: Y / N	Certificate No.	Date: ____ / ____ / ____
	Map Noted: Y / N	Folder Noted: Y / N	Tasked via Magiq: Y / N
BIRTHS DEATHS & MARRIAGE	Batch Date:	Batch ID#:	Record Key: