

APPLICATION FOR EXHUMATION ALL FEES MUST BE PAID AT TIME OF APPLICATION			
APPLICANT DETAILS Please Print	Name:		
	Postal Address:		
	Locality / Town:	State:	Postcode:
	Contact Number/s:		
	Relationship to Deceased:		
	<p>Declaration: I declare that the information I have supplied in this application is complete, true and correct. I declare that I have the legal right to authorise the exhumation of the body or the cremated ashes. I hereby request and authorise that Banana Shire Council exhume the body of the deceased person specified below in this application. I have obtained all necessary permissions and consents required by law and am authorised to make this application. I hereby indemnify the Banana Shire Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumations carried out under this application.</p>		
	Signature of Applicant:		Date: / /
Signature of Witness:		Date: / /	
CEMETERY & GRAVE / NICHE LOCATION	<input type="checkbox"/> Baralaba Cemetery <input type="checkbox"/> Jambin Cemetery <input type="checkbox"/> Theodore Cemetery <input type="checkbox"/> Biloela Lawn Cemetery <input type="checkbox"/> Moura Lawn Cemetery <input type="checkbox"/> Wowan Cemetery <input type="checkbox"/> Biloela Old Cemetery <input type="checkbox"/> Taroom Lawn Cemetery <input type="checkbox"/> Cracow Cemetery <input type="checkbox"/> Taroom Monumental Cemetery		
	Section:	Grave / Niche No:	
DETAILS OF DECEASED Please Print	Full Name:		
	Date of Death:		
	Reason for Exhumation:		
	Intended Date of Exhumation:		
INTENDED RE-INTERMENT LOCATION	Cemetery:		
	Grave Location: - Section:	Grave / Niche No:	
FUNERAL DIRECTOR Please Print	Name:		
	Postal Address:		
	Locality / Town:	State:	Postcode:
	Contact Number/s:		
	Signature:		Date: / /
PRIVACY NOTICE	Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the <i>Information Privacy Act 2009</i> .		
OFFICE USE ONLY BIRTHS, DEATHS & MARRIAGES	Receipt Date:	Receipt No:	Amount: \$
	Entered On Computer Register: ____/____/____		Map Noted: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Original Batch ID#:	Correction entered: ____/____/____	Doc ID#:

CONDITIONS OF APPLICATION

APPLICATION FOR CREMATION PURPOSES

- Written confirmation from a recognised undertaker that they are prepared to carry out the exhumation.
- Written consent to the proposed exhumation by the nearest living relative to the deceased.
- A certified copy of the Death Certificate.

APPLICATION FOR RE-INTERMENT PURPOSES

- Written confirmation from a recognised undertaker that they are prepared to carry out the exhumation.
- Written consent to the proposed exhumation by the nearest living relative to the deceased.
- A certified copy of the Death Certificate.
- Lodgement of the details of new burials place where the reinterment is to take place.

Please note:

- The provisions of all details identified above does not guarantee that an approval will be granted, and
- No approval will be granted if the remains were interred less than 12 months prior to this application.

CONDITIONS OF APPLICATION