

## Application for Interment - Grave

### IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009* and *Western Downs Regional Council Local Laws*. The personal information collected on this form will be used to arrange interment of deceased. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to funeral director or funeral company for the purpose of interment or burial administration. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

### Note: Form for Funeral Directors only

Date of Application:		Type of Application:	<input type="checkbox"/> Grave for burial (If burying ashes - refer to Application for Interment - Ashes)
Cemetery Location:	<input type="checkbox"/> Myall Remembrance Park <input type="checkbox"/> Dalby Monumental Cemetery <input type="checkbox"/> Chinchilla Pioneer Cemetery <input type="checkbox"/> Wandoan Cemetery <input type="checkbox"/> Miles Lawn Cemetery <input type="checkbox"/> Miles Monumental Cemetery <input type="checkbox"/> Meandarra Cemetery <input type="checkbox"/> Moonie Cemetery	<input type="checkbox"/> Jandowae Cemetery <input type="checkbox"/> Tanderra Lawn Cemetery <input type="checkbox"/> Chinchilla Monumental Cemetery <input type="checkbox"/> Condamine Cemetery <input type="checkbox"/> Tara Lawn Cemetery <input type="checkbox"/> Tara Monumental Cemetery <input type="checkbox"/> The Gums Cemetery <input type="checkbox"/> Other _____ (Name of Cemetery)	
Claim of Existing Reserve:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Adjoining grave required for new reservation:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Application for reserve form required)
Section:		Grave Number:	
Does this grave have a monumental cover?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes please arrange for a stonemason to prepare the site. This may or may not include complete or partial removal of grave surrounds, cover or monument on the grave. This may also be required for any adjacent grave where masonry extends. Works must be completed 48 hours prior to burial.	

### Deceased Details

Surname:		Given Name/s:	
Maiden Name:		Late residence:	
Religion:			
Place of Birth:		Date of Birth:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death:	
Occupation (optional):		Age:	

### Funeral Details

Date of Funeral:		Day of Funeral:	
Time of Funeral/Location:	Church                      am/pm <input type="checkbox"/> NA	Name of Church:	
	Graveside                      am/pm	Minister/Celebrant:	
Coffin Size:		Interment:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Service Type:	<input type="checkbox"/> Public <input type="checkbox"/> Private	Other:	

## Authority for Burial

A right of burial licence (grave certificate) is the right to have themselves or any other person they nominate buried in that portion of land (burial site) over which they are the registered holder of the burial licence. Furthermore, the holder of the burial licence is the only person who can authorise the placement of a memorial of any type on that site. Should the holder of the burial licence (grave certificate) pass away, then the licence becomes part of his or her estate, to be administered by his or her Executor. If there is no Executor, then the "major beneficiary", next of kin or power of enduring attorney may take charge, although they will have to provide documentation to support their claim.

Applicant Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other: _____		
Surname of Applicant:		Given Name/s	
Home Telephone:		Mobile Number:	
E-mail:			
Address:			
Relationship to the Deceased:		I authorise the funeral director detailed below to act on my behalf:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration (existing or reserved sites)	I am the legitimate right of burial holder;		<input type="checkbox"/> Yes <input type="checkbox"/> No
	OR	I have obtained permission/am authorised to use this grave	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Applicant:		Date:	

Note: When a right of burial has not been pre-purchased, the burial applicant becomes the right of burial holder

## Funeral Director

Funeral Director Representative:		Signature:	
Name and address for account to be sent:			
Additional request:			

**Western Downs Regional Council acts in good faith when it relies on advice provided by applicants and does not accept any responsibility for allowing a burial that might be the subject of a later dispute between family members, Executors and/or assigns.**

## OFFICE USE ONLY

Section Issued:		Grave Number:	
Cemetery Register Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Invoice Number:	
Processing Officer:			
Fees and Charges Burial:	<input type="checkbox"/> Plot                      \$ _____ <input type="checkbox"/> Interment                      \$ _____ <input type="checkbox"/> Pallbearers                      \$ _____ <input type="checkbox"/> Other                              \$ _____		

## Births Deaths and Marriages Register

Batch Date:		Batch ID #	
Record Number:			