

Application for Grave/Niche Reserve

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*.

Please print.

Date of Application:		Type of Application:	<input type="checkbox"/> Grave Reserve <input type="checkbox"/> Niche Reserve <small>(Niche sizes vary at each cemetery, please refer to Niche Fact Sheet)</small>
Cemetery Location:	<input type="checkbox"/> Myall Remembrance Park <input type="checkbox"/> The Gums Cemetery <input type="checkbox"/> Chinchilla Pioneer Cemetery <input type="checkbox"/> Wandoan Cemetery <input type="checkbox"/> Miles 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 Cemetery <input type="checkbox"/> Other _____ <small>(Name of Cemetery)</small>		
Is there a family member/area you would like to be buried/interred near?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please outline below) <small>(The above is subject to availability & Council will do their best to accommodate your request)</small>		
Family Member Name/Section:		Row/Grave/Niche Number (if known):	

Applicant Details (Certificate Issued to this person)

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other: _____		
Surname:		Given Name/s:	
Address:			
Suburb		Postcode:	
Phone (h):		Phone (m):	
Email address:			
Relationship to person in reservation details:		I authorise the funeral director to act on my behalf:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Invoice to be issued to (name):		Postal Address:	
Signature of Applicant:			

Reservation Details

Surname:		Given Name/s:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (m):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Type of Grave/Niche:	<input type="checkbox"/> Single Grave <input type="checkbox"/> Double Grave (layered) <input type="checkbox"/> Double (side by side) <input type="checkbox"/> Triple Grave <input type="checkbox"/> Single Niche <input type="checkbox"/> Double Niche		

Reservation Details 2nd Person (for 2nd interment)

Surname:		Given Name/s:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (m):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	

Reservation Details 3rd Person (for 3rd interment)

Surname:		Given Name/s:	
Address:			
Suburb:		Postcode:	
Phone (h):		Phone (m):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	

OFFICE USE ONLY

Section Issued:		Row/Grave/Niche Number Issued:	
Cemetery Register Updated:		Processing Officer:	
Reservation Fee:		Receipt Number:	
Application registered in ECM:		Doc Set Number:	
Date Received:			

*A copy of the receipt must be attached to this form.