

Application for Interment - Ashes

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*.

Date of Application:		Type of Application:	<input type="checkbox"/> Burial Ashes Grave <input type="checkbox"/> Scattering of Ashes <input type="checkbox"/> Single Niche <input type="checkbox"/> Double Niche
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 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"/> The Gums Cemetery <input type="checkbox"/> Other _____	
Claim of Existing Reserve:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please outline niche details below)	Adjoining niche required for new reservation:	<input type="checkbox"/> No <input type="checkbox"/> Yes (Application for Reserve Form required)
Section:		Niche Number:	

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:	

Interment Details

Date of Interment:	<input type="checkbox"/> Known <input type="checkbox"/> To be advised (require 48 hours notice & subject to staff availability)	Time of Interment:	<input type="checkbox"/> Known : am/pm <input type="checkbox"/> To be advised (require 48 hours notice & subject to staff availability)
Service Type:	<input type="checkbox"/> Public <input type="checkbox"/> Private	Interment:	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Urn Size: (Sizing different at each cemetery, please refer to Niche Fact Sheet)		Grave Details: (Burial or scattering of ashes)	
Required:	<input type="checkbox"/> I have enclosed a copy of the cremation/death certificate		

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 requests:			

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:		Niche/Grave Number	
Cemetery Register Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Processing Officer:	
Fees and Charges:	<input type="checkbox"/> Plot/Niche \$ _____ <input type="checkbox"/> Inurnment \$ _____ <input type="checkbox"/> Scattering Ashes \$ _____ <input type="checkbox"/> Other \$ _____	Invoice Number	
		Receipt Number:	