

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 only by Delegated Council Officers. 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 - This must be completed and submitted by a registered funeral director
Interment Details-

Date of application			
Cemetery Name:	<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 _____ (Name of Cemetery)	
Day of Interment:		Date of Interment:	
Time of Service:	Church: _____ Graveside: _____	Public/Private:	
Ministers Name:			
Is this a claim of Reserve? If yes, section/row/grave location:			
Allow for additional Interments:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of additional interments	<input type="checkbox"/> 1 (2 nd interment) <input type="checkbox"/> 2 (3 rd interment)
Coffin size:			
Additional adjoining reserve required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Deceased Details

Full name:			
Last known address:			
Suburb:		Postcode:	
Date of Birth:		Date of Death:	
Age at Death:		Place of Birth:	
Religion:			
Occupation:			

Right of Interment Holder Details:

(Individual signing Interment Terms and Conditions)

Full name including title			
Postal address:			
Suburb:		Postcode:	
Phone (h):		Phone (w):	
Phone (m):		Fax:	
Email Address:			
Relationship to Deceased:			
Next of Kin:			

Declaration of Right of Interment Holder (Applicant):

I solemnly declare the information provided is true and correct.

Name of Applicant:	
Signature:	
Date:	

Funeral Director Information

Funeral Director Representative: (name)		Signature:	
Name and address for invoicing account:			
Additional Comments/Requests:			



Additional comments/requirements/information:

WDRC Office Use Only:

Section/Row/Grave Issued:		Processing Officer	
Fees and Charges:	<input type="checkbox"/> Plot \$ _____ <input type="checkbox"/> Interment \$ _____ <input type="checkbox"/> Pallbearers \$ _____ <input type="checkbox"/> Other \$ _____		
Additional Comments:			
Births Deaths Marriages Register:			
Batch Date:	Batch ID:		

