

Application for Interment - Grave

<p>IMPORTANT NOTICE Western Downs Regional Council is collecting personal information you supply on this form in accordance with <i>Local Government Act 2009</i> and <i>Western Downs Regional Council Local Laws</i>. The personal information collected on this form will be used only with respect to the monument. Your personal information will be accessed only by Delegated Council Officers. 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 <i>Information Privacy Act 2009</i>.</p> <p>PLEASE NOTE Council reserves the right to decline the application in its absolute discretion or to require the applicant to provide further supporting documentation.</p>	OFFICE USE ONLY	
	Delegates Council Officer's name:	
	Signature:	
	Date:	
	Comments:	

Note - This form 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:

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

Funeral Director Information:

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



Additional comments/requirements/information-

Declaration of Right of Interment Holder (Applicant)-

I solemnly declare the information provided is true and correct.

Name of Applicant:	
Signature:	
Date:	

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:



Postal address: Western Downs Regional Council, PO Box 551, DALBY QLD 4405

