

CEMETERY - BURIAL OF BODY OR ASHES

Application for licence to inter body or ashes or to place ashes in columbarium

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application to: place ashes in columbarium
 inter body
 inter ashes

Section 1 - Deceased details

Details of the deceased person.

Title: Mr Mrs Ms Miss

First name: Given name(s):

Last name: Also known as:

Date of Burial: Cremated? Yes No

Date of Birth: Place of Birth:

Date of Death: Place of Death:

Religion (if any): Cause of Death:

Occupation:

Last residence:

Locality: State: Postcode:

Section 2 - Grave or niche details

Details of the plot or niche (if known)

Name of cemetery:

Section of cemetery: Plot/niche number:

Plot/niche previously reserved? Yes No Burial previously paid? Yes No

Notes:

Section 3 - Undertaker / Funeral director details

Details of the person or company to carry out cemetery services.

Company name:

Business name: ABN:

First name: Last name:

Postal address:

Locality: State: Postcode:

Phone: Fax:

Mobile: Email:

Signature: Date:

Section 4 - Next of kin

Details of the next of kin

Title: Mr Mrs Ms Miss

First name: Given name(s):

Last name:

Postal address:

Locality: State: Postcode:

Phone: Fax:

Mobile: Email:

Relationship to the deceased person:

Parent Spouse Sibling Child

Executor of deceased person's estate Other (*specify*)

I declare the information provided in this application to be complete, true and correct.

I declare that I am authorised to make request on behalf of the deceased person mentioned in Section 1.

Signature: Date:

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

Lodgement

Forward this application, with fee and required supporting documentation (if any), to Cook Shire Council. This application **MUST** be lodged with Council.

Office Use Only

G/L: 1530.110.279

Fee: Receipt number:

Date: Received by: