

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.

Requests should be received no less than 3 business days prior to the interment taking place (where culture or religion does not affect).

Application to: Place ashes Columbarium Purchase Plot Interment body Interment ashes Excavation

Section 1 - Details of the deceased person.

Title: Mr Mrs Ms Miss

Last Name: First Name:

Middle name(if any): Also known as:

Date of Birth: Place of Birth:

Date of Death: Place of Death:

Age at death: Religion (if any):

Last residential address of Deceased:

Section 2 - Details of the grave plot or niche

Cemetery Location: Cooktown Laura Coen

Site Allocation: New site Reserved Site Second or third interment

Section of cemetery: Plot/niche number:

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

Cremated Yes No Date of Burial: Excavation date:

Width of Grave Required: Standard Other L mm x W mm x D mm

Interment type: Coffin Ashes Graveside Church

Interment Date: Day: Time of the service/Graveside ceremony:

Special Instructions (ie hand fill grave, pump required):

Section 3 - Undertaker / Funeral director details

Business name: ABN:

First name: Last name:

Address:

Contact Phone: Email:

Form 8 Death Registration Certificate Attached Form 9 - Cause of Death Certificate Attached (items required for direct burial or burial outside of a cemetery situations)

Signature:

Date:

Section 4 - Next of kin

Title: Mr Mrs Ms Miss

First name: Given name(s):

Last name: Date of Birth:

Address:

City: State: Postcode:

Contact Phone Number : [redacted] Email: [redacted]

Relationship to the deceased person: Parent Spouse Sibling Child Friend

Executor of deceased person's estate Other (specify) [redacted]

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: [redacted]

Date: [redacted]

Lodgement

Information Privacy ACT 2009 - Cook Shire Council is collecting your personal information to process this interment request. The information will be accessed only by authorised Council employees. Your information will not be given to any other person or agency unless you have given us permission, or we are required by law to do so.

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

OPTIONAL Additional Information about the Deceased

Council often receives genealogy enquires from the public. Any information that is entered onto this form in relation to the Deceased may be released to the public because of enquiries received by the Council.

Place of Birth: [redacted]		
Parent's Name's: [redacted]		
Father: [redacted]		Mother: [redacted]
Spouse's Name: [redacted]		
Siblings:		
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Children's Name's		
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
[redacted]	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Profession / Occupation [redacted]		
Cause of Death [redacted]		
Religion [redacted]		
Minister / Priest [redacted]		
Any other relevant Information: [redacted]		

Office Use Only

G/L: 1530.110.279

Fee: Receipt number:Date:

Received by: