



Cemetery - Burial of Body or Ashes Application

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*).

DETAILS OF THE DECEASED PERSON

Title Mr Mrs Ms Miss Other

Full name

Date of birth Date of death

Age at death Religion (*if any*)

Last residence

Locality/suburb State

GRAVE OR NICHE DETAILS

Place ashes in Columbarium Purchase Plot Interment ashes

Burial Outside Cemetery Interment body

Cemetery Location Cooktown Laura Coen Burial Outside Cemetery (*attach additional information*)

Site New Site Reserved Site Second or third interment

Section of cemetery Plot / niche number

Plot/Niche previously reserved Yes No Interment/Inurnment previously paid Yes No

Cremation Yes No

Interment/Inurnment Date Interment/Inurnment Time

Size of Grave Required Standard Other

Special Instructions or Notes (i.e. hand fill grave)

UNDERTAKER / FUNERAL DIRECTOR DETAILS

Company Name

ABN

Full Name

Postal Address

Locality/Suburb State Postcode

Phone Mobile

Email

Applicant's Signature Date

NEXT OF KIN OF DECEASED PERSON

Title Mr Mrs Ms Miss Other

Full name

Date of birth Place of birth

Postal address

Locality/Suburb State Postcode

Email

Relationship to the deceased person:

Parent Spouse Sibling Child Other

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.

Applicant's Signature

Date

ADDITIONAL INFORMATION

Provision of this information is NOT COMPULSORY

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

Place of Birth

Parent's Names

Father

Mother

Siblings Names

Male Female Other

Male Female Other

Male Female Other

Male Female Other

Male Female Other

Spouse's Name

Male Female Other

Children's Names

Male Female Other

Male Female Other

Male Female Other

Male Female Other

Male Female Other

Profession / Occupation

Cause of Death

Religion

Minister / Priest

Any other relevant information

LODGEMENT

Cook Shire Council
10 Furneaux Street
PO Box 3
COOKTOWN QLD 4895
Phone: 07 4082 0500
Email: mail@cook.qld.gov.au
Website: www.cook.qld.gov.au

OFFICE USE ONLY

G/L: 1530.110.279

Application fee

Approval issued Yes No

Date paid

Receipt number

Received by

Received by

Name

Signature