

## 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 in Columbarium  Purchase Plot  Interment body  Interment ashes   
Burial Outside Cemetery

#### Section 1 - Details of the deceased person

Title: Mr  Mrs  Ms  Miss

First name:  Given name(s):

Last name:  Also known as:

Date of Birth:  Place of Birth:

Date of Death:  Place of Death:

Age at death:  Cause of Death:

Religion (if any):  Occupation:

Last residence:

City:  State:  Postcode:

#### Section 2 - Grave or niche details

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

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:

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

Interment type: Coffin  Ashes  Graveside  Place of Worship

Interment Date:  Day:

Start time of the service or Graveside ceremony:

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

#### Section 3 - Undertaker / Funeral director details

Business name:  ABN:

First name:  Last name:

Postal address:

City:  State:  Postcode:

Phone:  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:  Date of Birth:

Postal address:

City:  State:  Postcode:

Phone:  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:

## 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 - Provision of this information is NOT COMPULSORY

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: <input type="text"/>		
Parent's Name's: <input type="text"/>		
Father: <input type="text"/>	Mother: <input type="text"/>	
Sibling's Name's		
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Spouse's Name		
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Children's Name's		
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Profession / Occupation	
Cause of Death	
Religion	
Minister / Priest	
Any other relevant information:	

*Office Use Only*

G/L: 1530.110.279

Fee: ..... Receipt number: .....

Date: ..... Received by: .....

**Cook Shire Council - Internal Use Only**

Pre-Interment Certification	Council Officer (Name)	Signature	Date
<b>Physical certification of Plot Allocation (to be completed by Planning and Environment personnel PRIOR to the funeral).</b>  I certify that the allocated Plot Number has been physically checked for availability.			
<b>Certificate of Plot Allocation against Council records (to be completed by Customer Service Officer PRIOR to the funeral).</b>  I certify that the allocated Plot Number has been assessed against Council records and that there is no conflicting data for the assigned plot.			
Post interment Certification	Council Officer (Name)	Signature	Date
<b>Post interment Inspection (to be completed by Environment and Planning personnel AFTER the interment)</b>  I certify that the Plot Number and all details for this interment were physically checked after the interment and are correct as shown on this form.			
<b>Post interment Inspection (to be completed by Planning and Environment Officer AFTER the interment)</b>  I have reviewed all data records for this Interment (including any associated reserve data) and certify that they are correct as shown on this form.			
<b>Receipt Number:</b>	<b>Amount Paid:</b>	<b>Date Paid:</b>	