

Cemetery Reservations

Application to reserve a space in the cemetery

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.

APPLICANT				
Title Mr Mrs Ms Miss				
Full name				
Company				
Postal address				
Locality / Suburb	State Postcode			
Phone	Mobile			
Email	Fax			
Date of Birth	Place of Birth			
Religion	Occupation			
RESERVATION DETAILS				
Cemetery: Cooktown Laura Coen - In Plot Section: ANZAC Rebels C				
	,			
Row	Plot / Niche number			
NEXT OF KIN				
NEXT OF KIN Title Mr Mrs Ms Miss				
Title Mr Mrs Ms Miss				
Title Mr Mrs Ms Miss	State Postcode			
Title Mr Mrs Ms Miss Full name Postal Address	State Postcode Postcode			
Title Mr Mrs Ms Miss Full name				
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile	Phone			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email	Phone			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email Relationship to the applicant:	Phone Fax			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email Relationship to the applicant:	Phone Fax			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email Relationship to the applicant:	Phone Fax			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email Relationship to the applicant:	Phone Fax			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email Relationship to the applicant:	Phone Fax			
Title Mr Mrs Ms Miss Full name Postal Address Locality/ Suburb Mobile Email Relationship to the applicant:	Phone Fax			

LODGEMENT

I have read and agree to abide by Council's conditions.

I indemnify Cook Shire Council against claims for personal injury including death and damage to property including economic loss arising by, through or in connection with the approval.

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

App	licant's	Signature
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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.

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

OFFICE USE ONLY		
Trust Payment	Receipt No.	Date
Received by	Trust ID	Trust Category