



ABN 24 310 025 910

If you have any specific enquiries regarding how to complete this form or applicable fees please contact your Council on 4044 3044

Please complete this application in BLOCK LETTERS and tick boxes where applicable.

If a question does not apply, please indicate by writing "n/a".

Please note the search process may take some time.

Environmental Assessment – Cemeteries Section

Cairns Office

119-145 Spence Street, CAIRNS QLD 4870
phone: (07) 4044 3044 fax: (07) 4044 3022
email: b.wilson@cairns.qld.gov.au

Mossman Office

64-66 Front Street, MOSSMAN QLD 4873
phone: (07) 4099 9400 fax: (07) 4098 2902
email: m.north@cairns.qld.gov.au

Request for family tree information (Genealogy)

I / We

Of

please provide full residential address

Phone: Fax:

Require a search of Council's Cemetery Register Records. Please provide me with the undermentioned particulars, as indicated, on the following person/s.

A search is required on the following selected cemeteries (please tick):
(Please note a fee per cemetery is charged for each search.)

Martyn Street/Cairns (#168) <input type="checkbox"/>	Forest View (#169) <input type="checkbox"/>	Babinda (#172) <input type="checkbox"/>
Gordonvale (#171) <input type="checkbox"/>	Mossman (#166) <input type="checkbox"/>	Port Douglas (#167) <input type="checkbox"/>

The following information is required (please tick):

Grave/ Row Number: Date of interment: Date of Death: Rank Attained: Age:
Other (please specify)

Deceased's details

Name	Date of Birth	Date of Death
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Information

COMMENTS

OFFICE USE ONLY

Fee: Receipt #:
Date: Account #:
Receipt Officers Name:
Please email receipt details and site number to
B. Wilson. Doc no:

Please note a fee per cemetery is charged for each search.

DATED

NAME:

SIGNATURE:

****PLEASE COMPLETE ALL SECTIONS AND SIGN AND DATE THE FORM****