

Application for Interment into a Grave or Mausoleum / Vault Site 2020/21

****Please complete all sections and sign and date the form****

Date site is required:

Please TICK applicable CEMETERY:	Please TICK applicable SECTION:	Please TICK below and insert site number:		
Martyn Street #168	Lawn Plaque Section	Row / Plot Number:		
Forest View #169	Lawn Headstone Section	Interment:	1st	2nd
Babinda #172	Mausoleum Section	Prior Reservation:	Yes	No
Gordonvale #171	Monumental Section	Burial Assistance*?	Yes	No
Nelson Rd Babinda #172	Vault Section	* Memorial not permitted on Burial Assistance Sites		

Section A – Deceased Details

Name	Family Name:		Given Name/s:		
	Male	Female	Maiden Name:	Also known as:	
Address	Street:				Suburb/ City:
	State:		Post Code:		Country:
	Date of birth:		Place of Birth:		Date of Death: Age:
Details	Mother's Name (incl. Maiden Name):				Father's Name:
	Previous Occupation:		Denomination:		Spouse's Name:
	Cause of Death:		Place of Death:		Issuing Doctor:

Section B – Funeral/Burial Details

Service	A service will be held (please tick): Graveside Church			Service commencing at:	____:____	am	pm
	Clergyman/Celebrant officiating:			Arrival time at cemetery:	____:____	am	pm
Site	Coffin	Casket	Measurements of Coffin/Casket*: L _____ mm x W _____ mm x D _____ mm <i>* Measurements include handles and any other protrusions (Please note: measurement provided must be accurate)</i>				
	Hand Lower:		Yes	No			
	Hand Lower & Hand Backfill:		Yes	No			
	Confirmed with Cemetery Ganger:		Yes	No			
	Double Depth Requested:		Yes*	No	* Please note: Double depth can only be requested at time of first interment, but there is no guarantee until the site is dug if this can be attained.		
	Reserve Plot/s Alongside:		Yes*	No	Plot Number: For (Name):		
		<i>* If yes, complete Application for Reservation</i>					
Interment into Existing Grave:		Yes*	No	*If yes, I certify that as the Applicant I am the Burial Rights Certificate Holder or have the permission of the Burial Rights Certificate Holder to authorise the re-opening of this grave.			

Funeral Director Declaration:

We make application under Cairns Regional Council Local Law No.1 (Administration) 2016 and Cairns Regional Council Local Law No. 7 (Human Remains and Cemeteries) 2016 to obtain a permit to conduct the activity outlined in this form. I am aware that it is an offence to knowingly provide false or misleading information.

Funeral Director Trading Name:

Signature:

Date:

Section C – Applicant Details

Family Name:		Given Name/s:	
Relationship to Deceased:		Date of birth:	
Street:		Suburb/ City:	
State:	Post Code:	Country:	
Email address:		Phone Number:	
Are you the Right of Burial Holder? <i>The Right of Burial Holder is the person who has previously been listed on Council Records as Next of Kin on the original reservation of this site.</i>		Yes* <i>* If yes, proceed to Applicant Declaration</i>	No* <i>* If no, complete all remaining sections</i>
Purchase of Burial Rights: I hereby state that I am authorised to purchase the burial rights for this site on behalf of the Estate of the Deceased person mentioned above, as I am:			
An executor of the will of the deceased			
The deceased's nearest surviving relative, namely (son, daughter etc) _____			
Other person, namely _____			
Right of Burial Holder Certificate: <i>Certificate to be issued in the name of either (must be indicated below):</i>			
1. "Estate of (deceased name)"	Family Name:	Given Name/s:	
C/- (nominated representative)	Family Name:	Given Name/s:	
Postal Address:			
Email Address:		Phone number:	
OR			
2. Specify Full Name	Family Name:	Given Name/s:	
Postal Address:			
Email Address:		Phone number:	
NB. The Right of Burial Holder's details, including name and contact information, will be disclosed in circumstances where a person is seeking to apply to Council to make alterations to the burial site, which can include transfer/surrender of the site, interment application for the burial and/or application for the installation of a memorial on the site.			

Applicant Declaration:

I am aware that it is an offence to knowingly provide false or misleading information and I acknowledge that the Right of Burial Holder will have all rights and responsibilities in relation to further burials and/ or construction of monuments on the site nominated above.

Applicant Name:

Signature

Date:

OFFICE USE ONLY

Amount Rec'd:	Receipt No:	DM#	Certificate to Right of Burial Holder		
Date:	Officer:	Authority	Permit to F/Dir	Copy to Cem	Tracking

Cairns Regional Council – Privacy Statement: Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.