

## Application for Interment into a Grave or Mausoleum / Vault Site

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

Date site is required :		
Please TICK which CEMETERY:	Please TICK which SECTION:	Row / Plot Number:
Martyn Street #168 <input type="checkbox"/>	Lawn Plaque Section <input type="checkbox"/>	Interment: First <input type="checkbox"/> Second <input type="checkbox"/>
Forest View #169 <input type="checkbox"/>	Lawn Headstone Section <input type="checkbox"/>	Prior Reservation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Babinda #172 <input type="checkbox"/>	Mausoleum Section <input type="checkbox"/>	Burial Assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Gordonvale #171 <input type="checkbox"/>	Monumental Section <input type="checkbox"/>	<i>Memorial not applicable on Burial Assistance Sites</i>
Nelson Rd Babinda #172 <input type="checkbox"/>	Vault Section <input type="checkbox"/>	Plaque / Headstone Yes <input type="checkbox"/> No <input type="checkbox"/>

### Section A – Details of the Deceased

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

### Section B – Next of Kin

<b>Name</b>	Family Name:		Given Name/s:	
	Relationship to Deceased:		Date of birth:	
<b>Contact</b>	Street:		Suburb/ City:	
	State:		Country:	
	Post Code:		Phone:	

### Section C – Memorandum to Sexton

<b>Service</b>	A service will be held (please tick): Graveside <input type="checkbox"/> Church <input type="checkbox"/>		Service commencing at: _____:_____ am/pm	
	Clergyman/Celebrant officiating:		Arrival time at cemetery: _____:_____ am/pm	
<b>Site</b>	Coffin <input type="checkbox"/>	Casket <input type="checkbox"/>	L _____ mm x W _____ mm x D _____ mm <i>Measurements including handles and any other protrusions</i>	
	Confirmed with Sexton?		Reserve Plot/s Alongside?	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Plot No:		For Name:	

I / We make application under Cairns Regional Council Local Law No.1 (Administration) 2016 to obtain a permit to conduct the activity outlined in this form.	
Name of Undertaker	Applicant
Signature	Date

OFFICE USE ONLY					
Amount Rec'd:	Receipt No:	DM#			
Date:	Officer:	Authority <input type="checkbox"/>	Approval to F/Dir <input type="checkbox"/>	Copy to Cem <input type="checkbox"/>	Tracking <input type="checkbox"/>

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.