

This application form is to be used to apply for the placement of ashes within a site in a cemetery. All relevant sections in this application form must be completed and any required documentation must be submitted with an application for it to be a properly made application. Applications which are incomplete may not be accepted.

**Day & Date of proposed placement:**

*To be confirmed with the Cemetery Sexton*

## DECEASED DETAILS

### 1. Details of the Deceased

|                                     |                             |                              |                               |                             |
|-------------------------------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|
|                                     | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Full name:                          |                             |                              |                               |                             |
| Maiden name:                        |                             |                              |                               |                             |
| Other names the person is known as: |                             |                              |                               |                             |
| Last address:                       |                             |                              |                               |                             |
| Suburb/City:                        | State:                      | Postcode:                    |                               |                             |
| Date of birth:                      | Date of death:              | Age:                         |                               |                             |
| Place of birth:                     | Place of death:             |                              |                               |                             |
| Spouse's name:                      |                             |                              |                               |                             |
| Mother's name:                      | Father's name:              |                              |                               |                             |

## PLACEMENT DETAILS

### 2. Select Relevant Cemetery

|  |                                      |                                     |  |                                  |
|--|--------------------------------------|-------------------------------------|--|----------------------------------|
| Martyn Street <input type="checkbox"/> | Forest View <input type="checkbox"/> | Gordonvale <input type="checkbox"/> | Nelson Road Babinda <input type="checkbox"/> | Babinda <input type="checkbox"/> |
|--|--------------------------------------|-------------------------------------|--|----------------------------------|

### 3. Select Relevant Section

|   |                                    |   |
|---|------------------------------------|---|
| Lawn plaque <input type="checkbox"/>    | Mausoleum <input type="checkbox"/> | Monumental <input type="checkbox"/>             |
| Lawn headstone <input type="checkbox"/> | Vault <input type="checkbox"/>     | Columbarium Wall Niche <input type="checkbox"/> |

### 4. Site Details

|          |      |       |
|----------|------|-------|
| Section: | Row: | Site: |
|----------|------|-------|

### 5. Funeral Director – if applicable

|                             |  |
|-----------------------------|--|
| Funeral home business name: |  |
| Name of Funeral Director:   |  |

## 6. Placement details

|  |  |                                    |
|--|--|------------------------------------|
| <p>Is the placement to be within an existing occupied site?<br/> <i>Note: the existing site must be suitable to accommodate a second placement, and first approved by Council's Cemetery Sexton.</i></p> | <p>Yes <input type="checkbox"/></p> <p><i>If answering yes to this question, you must be the Burial Right Holder or have the written permission of the Burial Right Holder to authorise the use of this existing site which must accompany this application.</i></p> | <p>No <input type="checkbox"/></p> |
| <p>Measurements of the ashes receptacle to be used<br/> <i>Note: It is important that the measurements provided are accurate and must include any handles or other protrusions.</i></p>                  | <p>Length: _____ mm</p> <p>Width: _____ mm</p> <p>Depth: _____ mm</p>  |                                    |
| <p>Please provide a description of the ashes receptacle if not intending to use a standard receptacle provided by the crematorium.</p>   |  |                                    |

## 7. Funeral or ceremony details

|  |   |
|--|---|
| <p>Do you propose to hold a service within the cemetery?<br/> <i>To be confirmed with the cemetery sexton</i></p> <p><i>Note: additional fees apply if outside standard interment hours*</i></p> <p><i>*Standard Interment hours - Monday to Friday - 10.00am to 2.30pm (gravesite must be vacated by 2.30pm)</i><br/> <i>*Standard Interment hours - Saturday - 10.00am to 1.00pm (gravesite must be vacated by 1.00pm)</i></p> | <p>Yes <input type="checkbox"/> If answering yes to this question, please provide the following information:</p> <p>Name of person officiating the service: _____.</p> <p>What time does the service commence? _____.</p> <p>What is the proposed arrival time at the cemetery: _____.</p> <p>Do you wish to hire a portable shelter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If answering yes to this question, please be advised that additional fees may apply.</i></p> |
|  | <p>No <input type="checkbox"/> If answering no to this question, please provide the following information:</p> <p>What is the proposed arrival time at the cemetery: _____.</p>   |

## APPLICANT DETAILS

### 8. Applicant details

Please be advised that if a permit is issued, the contact details provided below will be the contact details that Council will keep on record for the burial site. It is a requirement that the contact details recorded with Council are kept up to date at all times by the Applicant.

|                               |                             |                              |                               |                             |
|-------------------------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|
|                               | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> |
| Full name:                    |                             |                              |                               | Date of Birth:              |
| Address:                      |                             |                              |                               |                             |
| Suburb/City:                  |                             | State:                       |                               | Postcode:                   |
| Phone number:                 |                             | Email address:               |                               |                             |
| Relationship to the deceased? |                             |                              |                               |                             |

### 9. Who is applying for the permit?

|   |                          |
|---|--------------------------|
| Burial Right Holder – <b>proceed to Applicant Declaration</b>   | <input type="checkbox"/> |
| A person with the written permission of the Burial Right Holder – <b>Complete question 10</b>                 | <input type="checkbox"/> |
| Another person where the Burial Right Holder is deceased or cannot be contacted – <b>Complete question 11</b> | <input type="checkbox"/> |

## 10. A person with the written permission of the Burial Right Holder

|   |   |   |
|---|---|---|
| Do you have the written permission of the Burial Right Holder to make arrangements for this site? | Yes <input type="checkbox"/><br><i>If answering yes to this question, please provide a copy of the written permission from the Burial Right Holder with this application.</i> | No <input type="checkbox"/><br><i>If answering no to this question, proceed to question 11.</i> |
|---|---|---|

## 11. Another person where the Burial Right Holder is deceased or cannot be contacted

|   |   |                             |
|---|---|-----------------------------|
| Are you acting on behalf of the Burial Right Holder in a legal capacity?<br><i>For example – if the Burial Right Holder is still alive, through an enduring power of attorney</i> | Yes <input type="checkbox"/><br><i>If answering yes to this question, please provide a copy of the relevant document.</i> | No <input type="checkbox"/> |
| Is the Burial Right Holder deceased?  | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| Were you listed as a secondary contact that could act on the behalf of the burial right holder after their passing on the original Burial Right application?                      | Yes <input type="checkbox"/>  | No <input type="checkbox"/> |
| If answering no to all questions in question 11, why is the Burial Right Holder for the site unable to make arrangements for this site?   |   |                             |

## Applicant Declaration

|                          |   |      |  |
|--------------------------|---|------|--|
| <input type="checkbox"/> | I declare that the information provided in this application form and any other documentation submitted in connection with this application is true and correct and consent to the Cairns Regional Council making enquiries and exchanging information with authorities of any Local, State/Territory or Commonwealth department regarding any matters relevant to this application. |      |  |
| <input type="checkbox"/> | I indemnify the Cairns Regional Council, including its employees, representatives or agents, from and against any action, claim, demand, loss, damage, cost and/or expense that is or may be suffered by the Cairns Regional Council (" <b>Loss</b> ") in connection with or related to:  |      |  |
|                          | <ul style="list-style-type: none"> <li>a) reliance on the information provided in this application, unless such Loss is caused by the Council's negligent act or omission; and</li> <li>b) undertaking the placement of human remains and/or use of the Council Cemetery in any way, unless such Loss is caused by the Council's negligent act or omission.</li> </ul>              |      |  |
| Name of Applicant        |   |      |  |
| Signature                |   | Date |  |

## How to submit your application

Submit your completed application form and supporting documentation by one of the following methods:



### **By mailing**

You can mail your completed application to the following address:  
Cairns Regional Council  
PO Box 359  
CAIRNS QLD 4870



### **In person**

You can submit your completed application in person at Council's Spence Street Customer Service centre.



### **By email**

You can submit your completed application by emailing it to [regadmin@cairns.qld.gov.au](mailto:regadmin@cairns.qld.gov.au)

## Fees

### OFFICE USE ONLY

#### Application fees

Once Council receives a complete application form, Council will provide you with payment options. Please be aware that depending on the application, additional fees may apply.

|   |          |
|---|----------|
| Placement of Ashes in a Columbarium Permit - Monday - Friday - standard interment hours | \$375.00 |
| Placement of Ashes in a Columbarium Permit - Saturday - standard interment hours        | \$450.00 |
| Placement of Ashes in-ground Permit - Monday - Friday - standard interment hours        | \$450.00 |
| Placement of Ashes in-ground Permit - Saturday - standard interment hours               | \$950.00 |
| Placement of Ashes Permit in grave at time of burial (Permit only)                      | \$200.00 |
| Surcharge: services concluding outside standard interment hours - Monday to Friday      | \$600.00 |
| Surcharge: services concluding outside standard interment hours - Saturday              | \$750.00 |

\*Standard Interment hours - Monday to Friday - 10.00am to 2.30pm (gravesite must be vacated by 2.30pm)

\* Standard Interment hours -Saturday - 10.00am to 1.00pm (gravesite must be vacated by 1.00pm)  
Saturday burials are strictly subject to approval

|  |           |                       |               |    |
|--|-----------|-----------------------|---------------|----|
| OFFICE USE ONLY  |           |                       |               |    |
| Receipt Type   |           | T167 - All Cemeteries |               |    |
| Fee:   | Receipt # | Date:                 | Officer Name: |    |
| Application has been properly made in accordance with clause 21 of <i>Local Law No. 7 (Human Remains and Cemeteries) 2016</i> and <i>Local Law No. 1 (Administration) 2016</i> ? |           |                       | Yes           | No |
|  |           |                       | Approved by:  |    |

#### *Cairns Regional Council – Information Privacy Statement*

Your personal information has been collected for the purpose of assessing your application. 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.