

## Application for Inurnment of ASHES into a Grave, Niche \* or Lawn Site 2020/2021

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

Date site is required :		
Please TICK which CEMETERY:	Please TICK which SECTION:	Columbarium Wall Niche*
Martyn Street #168	Lawn Plaque Section	Inurnment:      First <input type="checkbox"/> Second <input type="checkbox"/>
Forest View #169	Lawn Headstone Section	
Babinda #172	Mausoleum Section	Prior Reservation:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Gordonvale #171 <input type="checkbox"/>	Monumental Section	
Nelson Rd Babinda #172	Vault Section	Row/Plot Number:

### 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:		Post Code:	
			Country:	
<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 – Right of Burial Holder

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

### Section C – Memorandum to Sexton

<b>Service</b>	Do you require a service to be held or family to attend:    Yes <input type="checkbox"/> No <input type="checkbox"/>		Time: ____:____ am    pm	
	Clergyman/Celebrant officiating:		Arrival time at cemetery: ____:____ am    pm	
	Service details:		Graveside <input type="checkbox"/> Church <input type="checkbox"/>	
<b>Site</b>	Measurements of Urn:	L_____ mm x W_____ mm x D_____ mm <i>Including any other protrusions</i>		
	Confirmed with Sexton?	Reserve Plot/s Alongside? <i>If yes, complete Application for Reservation</i>		Plot No:
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	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.

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.

## Order Form (Columbarium Walls Only) Bronze Memorial Niche Plate

 Name of Deceased:
 

*Important: Please check the niche dimensions to ensure that the niche will accommodate the size of the ashes urn*

Site Location	Size of Niche	Additional information <i>(for manufacture)</i>
<b>Martyn Street</b> (T168)		
Site: CW4 (New Wall)	<input type="checkbox"/> Single Niche (230W x 185H)	Raised edges & No lugs
Site: CW1, CW2, CW3	<input type="checkbox"/> Single Niche (136W x 102H)	Bevelled edges & brackets
	<input type="checkbox"/> Double Niche (152W x 196H)	Bevelled edges & brackets
	<input type="checkbox"/> <b>or</b> Second Plate for Double Niche (136Wx85H)	Bevelled edges & No lugs - <i>Stippled / Not Stippled</i>
<b>Gordonvale</b> (T171)		
Site: CW2, CW3 (New Wall)	<input type="checkbox"/> Single Niche (230W x 185H)	Raised edges & No lugs
Site: CW1	<input type="checkbox"/> Single Niche (136W x 102H)	Raised edges & No lugs
	<input type="checkbox"/> Double Niche (152W x 196H)	Raised edges & No lugs
	<input type="checkbox"/> <b>or</b> Second Plate for Double Niche (136Wx85H)	Raised edges & No lugs - <i>Stippled / Not Stippled</i>
<b>Nelson Road, Babinda</b> (T178)		
Site: CW1	<input type="checkbox"/> Single Niche (230W x 185H)	Raised edges & No lugs
<b>Babinda</b> (T172)		
Site: CW2	<input type="checkbox"/> Single Niche (150W x 110H)	Raised edges & brackets
	<input type="checkbox"/> Double Niche (152W x 196H)	Raised edges & brackets
	<input type="checkbox"/> <b>or</b> Second Plate for Double Niche (136Wx85H)	Raised edges & No lugs - <i>Stippled / Not Stippled</i>
<b>Forest View</b> (T169)		
Site: CW1	<input type="checkbox"/> Single Niche (230W x 185H)	Raised edges & No lugs
Site: CW2	<i>*Granite covers already on wall. Applicant to contact monumental mason for engraving at their expense*</i>	

### Emblems

				Other (Please specify)	None
Latin Cross	Celtic Cross	Star of David	Masonic		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Australian Services Emblems**

AIF	RAN	RAAF	Permission must be obtained from Australian War Graves Commission, PO Box 21, Woden ACT 2606
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Vase**    Yes     No

### Inscription \*Lines are to be started in BOX 1 - They will be centered on the plate when manufacturing. Please leave a space between words\*

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Line 1																								
Line 2																								
Line 3																								
Line 4																								
Line 5																								
Line 6																								

### I verify the above inscription to be correct

Name: .....		Relationship to deceased: .....	
Work Phone: .....	Home Phone: .....	Mobile: .....	Fax: .....
Address: .....		Signature: .....	