

# Application for private property reserve / interment

## Cemeteries

Folder 119614Workflow Interment

Doc ID \_\_\_\_\_

Box No \_\_\_\_\_

This application must be acknowledged by a customer service representative in person or by phone.

**Pursuant to Council Policy 252 - Cemeteries, five (5) working days' notice must be given to allow sufficient time for approvals and other arrangements to be completed.**

Interment applications received outside the above period will only be approved in exceptional circumstances.

**Information Privacy Act 2009 collection notice** – Council is collecting this information in order to process your application.

### TIME FRAME

Is this interment outside of Council's required timeframe?

No  Yes (Please make written application)

### APPLICATION SUBMITTED BY:

Title <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss		Surname	Given names	
Date of birth	Gender <input type="radio"/> Male <input type="radio"/> Female		Relationship to the reserve / deceased	
Postal address		State	Postcode	
Contact number	Email address			
Additional contact information			Signed	

### LOCATION DETAILS

Property Owner(s)	Contact number/s
Property Address	
Relationship – to the reserve / deceased	Owner's Signature

GPS Data	Lot and Plan	Map attached <input type="radio"/> Yes <input type="radio"/> No
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### RESERVATION DETAILS

Surname	First name	Middle names
Postal address	State	Postcode
Contact Number	Email address	
Date of birth	Gender <input type="radio"/> Male <input type="radio"/> Female	Religion
Signed	Date	

## DECEASED DETAILS

Surname	First name	Middle names	
Date of birth	Date of death	Age	Gender <input type="radio"/> Male <input type="radio"/> Female
Birthplace	Religion	Former occupation	
Cause of death	Death Certificate attached <input type="radio"/> Yes <input type="radio"/> No		
Former residence			

## FUNERAL DETAILS

Service Type <input type="radio"/> Venue and Graveside <input type="radio"/> Graveside only	Venue	
Date	Time of Service	Conductor name
Funeral service provider	Funeral provider contact number	

## GRAVE DETAILS

Claim of existing reserve <input type="radio"/> Yes <input type="radio"/> No	Additional grave required <input type="radio"/> Yes (application is required) <input type="radio"/> No
List other names deceased has been known by	Contractor (Company name and machine operator)
Depth <input type="radio"/> Single 1.8m <input type="radio"/> Double 2.3m	Name of deceased already interred if 2.3m depth grave

## LODGEMENT OF YOUR APPLICATION

MAIL Chief Executive Officer, PO Box 390, Gayndah, Qld 4625

EMAIL [admin@northburnett.qld.gov.au](mailto:admin@northburnett.qld.gov.au)

TELEPHONE 1300 MY NBRC (1300 696 272)

IN PERSON Visit your local library and customer service centre

## OFFICE USE ONLY

Information Received From	Date and Time
NBRC Receiving Officer	NBRC Contact Officers