

Application for private property reserve / interment

Cemeteries



Folder 119614 Workflow 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.

TIME FRAME

Is this interment outside of Council's required timeframe?

Yes No (please make written application)

APPLICATION SUBMITTED BY:

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		Surname	Given names		
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to the reserve / deceased		
Postal address		Town	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="checkbox"/> Yes <input type="checkbox"/> No

RESERVATION DETAILS

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

DECEASED DETAILS

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

FUNERAL DETAILS

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

GRAVE DETAILS

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

LODGEMENT OF YOUR APPLICATION

MAIL Chief Executive Officer, North Burnett Regional Council. PO Box 390, Gayndah, Qld 4625
EMAIL 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

Information Privacy Act 2009 collection notice

NBRC is collecting the information on this form for the purposes of processing your application. NBRC may share some or all of this information with other government authorities and third parties involved in the processing of this Application. Your personal details will not be disclosed to any other third party without your consent unless required or authorised to do so by law.