Application or amendment to reservation

Cemeteries



| | | | | | REGIONAL | COUNCIL |
|--------|--------|----------|-------------|--------|----------|---------|
| Folder | 119615 | Workflow | Reservation | Doc ID | Box No | |
| | | | | | | |

Pursuant to Council Policy 252 – Cemeteries, applicable fees and charges as set by Council are to be paid in full at the time of application.

Right of Interment (ROI) Holder is the person who will be interred into the burial site. They hold the rights to the burial site while still alive. This section is applicable for reserves only.

Right of Interment (ROI) Applicant will hold the right to authorise burials and/or cemetery works to a particular burial site once the ROI Holder is deceased.

| APPLICATION SUBMITTED BY: | | | | | | | | |
|---|----------------|-------------|-------------|----------|-------|----------|--|--|
| Title □ Mr □ Mrs □ Ms □ Miss | Surname | | Given names | | | | | |
| Postal address | | Town | | | State | Postcode | | |
| Contact number | | | | | | | | |
| Are you the Right of Interment (ROI) Holder/Applicant? ☐ Yes ☐ No ☐ New ☐ Amendment ☐ Cancellation | | | | | | | | |
| CEMETERY DETAILS | | | | | | | | |
| Cemetery Cemetery Type □ Lawn □ Monumental □ Columbarium | | | | | rium | | | |
| Section | Row Plot/Niche | | | | | | | |
| RESERVATION TO BE HELD IN PLOT / NICHE (ROI Holder) | | | | | | | | |
| Title Surname □ Mr □ Mrs □ Ms □ Miss | | Given names | | es | | | | |
| Postal address | | Town | - | | State | Postcode | | |
| Contact number | Email address | | | | | | | |
| Date of birth Gender □ Male □ Fer | | nale | | Religion | | | | |
| Signed | | - | Date | | | | | |

| RESERVATION TO BE HELD IN PLOT / NICHE (ROI Holder) if required | | | | | | | | |
|---|--|-------------------------|----------------|-------------|-------|---------------|--|--|
| Surname | | Surname | | Given names | | | | |
| ☐ Mr ☐ Mrs | ☐ Ms ☐ Miss | | | | | | | |
| Postal address | | Town | | | State | Postcode | | |
| Contact number | | Email address | | | | | | |
| Date of birth | | Gender □ Male □ Female | | Religion | | | | |
| Signed | | | | Date | | | | |
| LODGEMENT | OF YOUR APPLIC | ATION | | | | | | |
| 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) | | | | | | 1300 696 272) | | |
| IN PERSON | N PERSON Visit your local library and customer service centre | | | | | | | |
| OFFICE USE ONLY | | | | | | | | |
| Information Received From | | | Date and Time | | | | | |
| Receipt Number | | | Date and Time | | | | | |
| NBRC Receiving Officer | | | NBRC Contact C | Officer | | | | |