

ABN: 45 596 234 931

Application for Grave Site

Details of Deceased

Full name:	Place & d.o.b:
Former address:	Date of Death:
.....	Age: Gender: M / F

Cemetery Arrangements

Cemetery:	Funeral Service Date:
Cemetery Section: Lawn / Semi-Lawn / Concrete Stripping / Monumental / General / Nursery	Cemetery Arrival Time:am/pm
Service Type: <input type="checkbox"/> Church <input type="checkbox"/> Graveside If both, please indicate order of services	Shape: <input type="checkbox"/> Coffin <input type="checkbox"/> Casket <input type="checkbox"/> Other Dimensions of coffin/casket (inc. handles, in mm)X.....X.....

Interment Depth

<input type="checkbox"/> 2.1m (adult and child graves – future burials permitted)	<input type="checkbox"/> 1.8m (second interment only)	<input type="checkbox"/> 1.2m (child graves only – no future burials permitted)
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Reservation Details

Has a reservation for deceased been made <u>previously</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are additional reserves required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, grave no. or name of associated person	If yes, please specify <input type="checkbox"/> Multiple Burial OR <input type="checkbox"/> Additional Site Requested
Comments:	AND complete Application for Reservation of Grave Site with full details of applicant

Next of Kin or Person Arranging Funeral

Funeral Director

Name:	Business Name:
Address:	Contact Name:
.....	Address:
Contact No: :
Email:	Telephone: Fax:
Relationship to deceased:	Mobile:
	Email:

IMPORTANT NOTICE – Privacy Statement

Scenic Rim Regional Council is collecting your personal information in accordance with Local Law No. 4 (Cemeteries) in order to assess your application. The information will only be accessed by Scenic Rim Regional Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Signature: Date:

OFFICE USE ONLY

Amount: \$	Receipt No:	Date:
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