

Application to Inter Ashes

Purpose of Form: This form will be used to process your request to inter ashes.

PRIVACY NOTICE: Fraser Coast Regional Council is collecting your personal information (name, address, phone number, email, and date of birth) for the purposes outlined on this Application to Inter Ashes. We publish on our website the name, date of birth, date of death and burial plot location of deceased persons buried within our Cemeteries. Personal information will otherwise only be accessed by authorised Council employees and handled in accordance with the *Information Privacy Act 2009*.

NOTE: For new Graves/Niches, a completed 'Application for Burial Rights' is also required. The appropriate 'Request for Plaque' form is required if ashes are being interred in a columbarium wall, a garden niche or the Children's Memorial Garden.

Advice given by Applicants and Burial Rights Holders is relied upon by Council in good faith.

CEMETERY (please tick one box)	PLOT/NICHE DESCRIPTION		
<input type="checkbox"/> MARYBOROUGH <input type="checkbox"/> POLSON <input type="checkbox"/> HOWARD <input type="checkbox"/> TIARO <input type="checkbox"/> MUNNA CREEK <input type="checkbox"/> NIKENBAH	SECTION (please tick one box) GARDEN OF <input type="checkbox"/> REST <input type="checkbox"/> PEACE <input type="checkbox"/> SERENITY <input type="checkbox"/> MONUMENTAL <input type="checkbox"/> LAWN (TIARO) <input type="checkbox"/> COLUMBARIUM <input type="checkbox"/> GARDEN NICHE <input type="checkbox"/> POND OF REFLECTION <input type="checkbox"/> CHILDREN'S MEMORIAL GARDEN (Maryborough only)	Sec/Row/ Wall/Garden	Plot/ Niche No
Name of previous interment (if applicable)		Date	

Please complete in BLOCK letters

DETAILS OF DECEASED										
Interment Date		Time		Documentation:	<input type="checkbox"/> Form 9 Cause of Death <input type="checkbox"/> Coroner's Certificate <input type="checkbox"/> Cremation Certificate					
Funeral Director			Officiating Minister or Celebrant							
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Surname			Given Names					
Last Address										
Marital Status		Age		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Religion			
Date of Birth					Date of Death					
Place of Birth					Occupation					
Date of Cremation					Place of Cremation (Crematorium)					
APPLICANT										
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Surname			Given Names					
Address							Relationship to Deceased			
Email					Telephone					

BURIAL RIGHT AUTHORITY – Please tick appropriate boxes:

- I am the person in whose name the Right of Burial was/will be issued.
 The deceased is the Burial Right Holder.
 I act with the full authority of the family of the deceased Burial Right Holder.
 I have included written authority from the person in whose name the Right of Burial was issued (please complete Burial Rights Holder section below).
 I am the legal representative, executor or beneficiary of the original Burial Right Holder.

NOTE: Council acts in good faith when it relies on advice provided by applicants and does not accept any responsibility for allowing a burial that might be the subject of a later dispute between family members, Executors and/or assigns.

I, the undersigned am the representative for the above deceased and agree to abide by the Cemeteries Council Policy - <https://www.frasercoast.qld.gov.au/downloads/file/735/cemeteries-council-policy>.

Signature of Applicant

Date

Witness

WRITTEN AUTHORITY FROM BURIAL RIGHTS HOLDER (If Required)

Refer to Burial Right Authority on previous page. Separate letter will also be accepted

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Surname		Given Names	
Address			Relationship to the Deceased		
Email			Telephone		

Signature of Burial Rights Holder

Date

INTERMENT REQUIREMENTS

 Will Family/Friends Attend the Interment? Yes No

Approx no. of attendees _____

 Shelter Required? Yes No

 Chairs Required? Yes No

 Are the ashes being delivered to the Council at the time of making this application? Yes No

If not, when? (e.g. day of interment)

Ashes canister size _____ x _____ x _____.

Remarks or Special Requests

FOR NEW GRAVES & NICHES – A completed ‘Application for Burial Rights’ is also required
FCRC OFFICE USE ONLY - PARTICULARS OF FEES

	\$	¢	Application Complete - Signature (FCRC Officer):
PLOT/NICHE (if not pre-purchased)			
INTERMENT FEE			
ADDITIONAL COST NON-STANDARD PLAQUE			
TOTAL			Date Completed:
Fee Paid:	Invoice/Receipt No:		Invoice/Receipt Date:
Reg Book <input type="checkbox"/> Sect Book <input type="checkbox"/> UDR <input type="checkbox"/> No/s	Cert Issued <input type="checkbox"/> No/s:		Cashier:
			DOCS No: