

Interment Consent Application Form



Address all communications to
The Chief Executive Officer

PO Box 974, Ayr Qld 4807
T (07) 4783 9800 | F (07) 4783 9999
enquiries@burdekin.qld.gov.au

Section 1: Details of the deceased

Title:	Given Name/s:	Surname:
Date of Death:	Date of Birth:	Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth:	
Nationality:	Denomination/Religion:	
Last Permanent Address:	Suburb:	State:
		Post Code:

Section 2: Marriages or registered relationships of the deceased

List all marriages or registered relationships of the deceased starting with the earliest

First names of spouse or registered partner (at time of event)	Surname of spouse or registered partner (at time of event)	Marriage (M) or registered relationship (R)	Period

Section 3: Parents' details of the deceased

Father's or parent's first names	
Father's or parent's surname	
Mother's or parent's first name	
Mother's or parent's maiden surname	

Section 4: Children of the deceased

List the first names of all the deceased's children

First names of children	Date of Birth	Age
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	
	___/___/___	

Section 5: Location of interment

Cemetery Location:	<input type="checkbox"/> Ayr Cemetery	<input type="checkbox"/> Home Hill Cemetery
Interment Type:	<input type="checkbox"/> Interment of Coffin	<input type="checkbox"/> Interment of Ashes
Grave Type:	<input type="checkbox"/> Monumental <input type="checkbox"/> Lawn	<input type="checkbox"/> Columbarium <input type="checkbox"/> Infant Section

Section 5: Location of interment (Continued)		
Grave/Site Details:	Wall:	Grave/Site No:
Status:	<input type="checkbox"/> New Reserve (with interment)	<input type="checkbox"/> Existing Reserve
	Re-open: Name of last interment <hr/>	Existing Improvements : <input type="checkbox"/> Vault (Single Depth) <input type="checkbox"/> Vault (Double Depth) <input type="checkbox"/> Mausoleum
	Date of last interment: <hr/>	

Section 6: Funeral / interment details			
Date of funeral:		Day of week:	
Start time of service:	am/pm	Location of service:	
Estimated arrival time at Cemetery: am/pm	<input type="checkbox"/> Graveside Service	<input type="checkbox"/> Delivery Only (Ashes)	<input type="checkbox"/> Committal
Special Service Requirements Provided by Funeral Home:	<input type="checkbox"/> Chairs and Tents <input type="checkbox"/> Other – Please Specify:		

Section 7: Funeral director (If Applicable)	
Funeral Home:	Booking Taken by Cemetery Sexton (Provide details of Cemetery Sexton advised) Name: _____ Date: _____
Funeral Director (Name):	
Funeral Director (Signature):	

Section 8: Right of burial holder
a) Is this plot from a previous reservation? <input type="checkbox"/> Yes (Continue to b) <input type="checkbox"/> No (Complete Section 9 Confirmation of Right of Burial Holder details to appoint the Right of Burial Holder/s)
b) Are you the Right of Burial Certificate Holder for the grave/site? <input type="checkbox"/> Yes (Complete Section 9 – Confirmation of Right of Burial Holder details) <input type="checkbox"/> No (Continue to c)
c) Is the Right of Burial Certificate Holder being interred? <input type="checkbox"/> Yes (Continue to Section 10 – Applicant Declaration) <input type="checkbox"/> No (Continue to d)
d) Has the Right of Burial Certificate Holder consented to interment? <input type="checkbox"/> Yes <ul style="list-style-type: none"> • Right of Burial Holder to complete Section 9 – Confirmation of Right of Burial Holder Details • Applicant for Interment to complete Section 10 – Applicant for Interment <input type="checkbox"/> No (Application cannot proceed without Right of Burial Holder consent)

Section 9: Confirmation of right of burial holder details

- A Right of Burial Certificate is a legal document and permits the right to be buried in a particular plot and the right to authorise the burial of others in the same plot (up to the number permitted in that plot as determined by council).
- The right of Burial Holder (and applicant where applicable) must abide with all rules and regulations that may apply to the operation of the Cemetery. Council may vary its rules and regulations at any time and in any manner deemed necessary.
- On the death of the Right of Burial holder, it is the families' responsibility to apply for the transfer of the Right of Burial into the rightful beneficiary's name, should they wish to do so.

Right of burial holder 1

1. Title:		Given Name/s:		Surname:	
Postal Address:					
	Suburb:		State:		Post Code:
Phone No:				Mobile:	
Email Address:				Date:	

Please Note: For reserve and interment simultaneously, by signing below you acknowledge and accept the terms of appointment set out within the Cemeteries Code of Operations for the Right of Burial Holder

Right of Burial Holder 1 Signature:

Right of burial holder 2 (If Applicable)

2. Title:		Given Name/s:		Surname:	
Postal Address:					
	Suburb:		State:		Post Code:
Phone No:				Mobile:	
Email Address:				Date:	

Please Note: For reserve and interment simultaneously, by signing below you acknowledge and accept the terms of appointment set out within the Cemeteries Code of Operations for the Right of Burial Holder

Right of Burial Holder 2 Signature:

Only Complete Section 10 in the event the Right of Burial Certificate Holder is NOT the applicant for this interment

Section 10: Applicant for Interment (If Applicable)

1. Title:		Given Name/s:		Surname:	
Postal Address:					
	Suburb:		State:		Post Code:
Phone No:				Mobile:	
Email Address:				Date:	

Applicant 1 Signature:

Advice Provided by Applicant

Advice provided by the applicant is relied upon by Council in good faith.

Council does not accept any responsibility for allowing an interment that might be the subject of a later dispute between family members, Executors and/or assigns.

The applicant for this Interment Consent Application Form will be the only person authorised to apply for a Permit to Carry Out Works at a Gravesite, unless a formal Right of Burial Transfer occurs.

By Signing this form, I acknowledge and accept the terms outlined in the Burdekin Shire Council Code of Operations.

Applicant Declaration

I, _____ certify that:

- the family have appointed me as the applicant for the above mentioned interment
- the family has been informed that a Permit to Carry Out Works at a Gravesite can only be authorised by myself, unless a formal Right of Burial transfer application occurs.
- the above mentioned information, to the best of knowledge, is true and correct.

Applicant Signature:		Date:	
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Warning: Under section 117 of the Cemeteries and Crematoria Act 2003 it is an offence to make a false statement in an application for an interment authorisation, punishable by a fine of up to 240 penalty units or 2 year imprisonment or both.

PLEASE NOTE: Advice given by Applicants and Right of Burial Certificate Holders is relied upon by Council in good faith. Council does not accept responsibility for allowing an interment that might be the subject of a later dispute between family members, Executors and/or assigns

Information Privacy Act 2009. Burdekin Shire Council is collecting your personal information in accordance with the Local Government Act 2009. The information collected on this form will only be accessed by authorised Council officers for the purpose of updating Council's burial register. Your information will not be given to any other person or agency unless you have given us permission or we are required to do so by law.

Office Use Only

Print and Complete: Checklist for Cemeteries	Function ID No	637
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