T 1300 79 49 29
F (07) 4197 4455
E enquiry@frasercoast.qld.gov.au
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Return Information: (Form must be returned with payment via cheque, cash or credit Card details)
Fax: 07 4197 4455 Post: PO Box 1943, Hervey Bay In Person: Council Administration Centres

Application for Burial

Purpose of Form: ***This form will be used to process the information contained in the Application.***

CEMETERY (please tick one box)	**PLOT DESCRIPTION**		
	Section (please tick one box)	**Sec/Row**	**Plot No**
☐ MARYBOROUGH ☐ POLSON ☐ HOWARD ☐ TIARO ☐ MUNNA CREEK	☐ GARDEN OF REST ☐ GARDEN OF PEACE ☐ MONUMENTAL ☐ LAWN (TIARO)		

Please complete in BLOCK letters

SECTION 1				
Burial Date	Time am pm	Funeral Director		
Deceased Surname				Marital Status
Given Names				Religion
Last Address				Post Code
Profession of Deceased		Officiating Minister		
Special Service Requirements				Depth
Age Sex	Date of Birth Place of Birth	Date of Death: Cause of Death: (Documentation required)	☐ Coffin ☐ Casket	Coffin/Casket Size L W D

SECTION 2 - APPLICANT/PRINCIPAL		
Mr/Mrs/Ms/Miss First Name Last Name	Relationship to Deceased	Telephone
Address		Postcode
Signature of Applicant/Principal	Witness	

SECTION 3 – NEW GRAVES ONLY

NEW GRAVE

Right of Burial to be issued to:

Surname .....

Given Names .....

Address.....

..... Post Code .....

FCRC OFFICE USE ONLY - PARTICULARS OF FEES				
	$	¢		Application Complete - Signature (FCRC Officer):
A – PLOT (if not prepurchased)				
B - INTERMENT FEE				
C - MAINTENANCE FEE				Date Completed:
GRAND TOTAL A + B + C				
Entered in Register: Entered in Computer: Permit for Burial issued:				Receipt No: Receipt Date: Amount:

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

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