T 1300 79 49 29
F (07) 4197 4455
E enquiry@frasercoast.qld.gov.au
www.frasercoast.qld.gov.au

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 Columbarium or Garden Plaque / *Children's Memorial Garden Plaque (*Maryborough only)

(Application to Inter Ashes also required)

Purpose of Form: *This form will be used to process the information contained in the Application for Columbarium or Garden Plaque/Children's Memorial Garden Plaque.*

Date: _____

CEMETERY DESCRIPTION (Tick one box)

☐ Maryborough ☐ Polson ☐ Howard ☐ Tiaro

NICHE DESCRIPTION

☐ Columbarium ☐ Garden (Maryborough & Polson only) ☐ Children's Memorial (Maryborough only)

Wall/Garden Name: _____ Niche/Memorial No: _____

This is the standard wording for a plaque, please tick the applicable box ☑. If you require different wording or an emblem etc, Council will need to obtain a quote for the additional costs. Plaque orders will not be placed until all applicable fees have been paid.

1. ☐ Plain Cross ☐ R.C. Cross ☐ No Cross ☐ Emblem (costing required)
2. ☐ In Loving Memory of ☐ In Memory of
3. Name of Deceased: Surname _____ Christian Names: _____
4. ☐ Who Passed Away ☐ Passed Away ☐ Passed on ☐ Who Passed On
   ☐ Who Died ☐ Accidentally Killed
5. Date of Death ...../ ..... /..... ☐ Date in full (21st April 2009) ☐ Numerals (21/04/2009)
   (Please select preferred format)
6. Age: _____
7. ☐ At Rest ☐ At Peace ☐ R.I.P. ☐ In God's Care

Is a Columbarium Vase Required? (no extra charge): ☐ Yes ☐ No

Granite Block (Children's Memorial Garden only): ☐Pink ☐Off White ☐Black ☐Grey ☐Blue

APPLICANT'S DETAILS	
Name:	**Telephone No:**
Address:	**Relationship to Deceased:**
Signature:	

I, the abovesigned, hereby authorise the Fraser Coast Regional Council to place a standard Memorial Plaque as detailed above.

Should additional Inscription, Emblem, Regimental Crest or Badge be required, please obtain a handout from Council's Customer Service Unit to choose your wording, emblem etc, or contact them by phoning 1300 79 49 29.

FCRC OFFICE USE ONLY			
Fee Paid:	Receipt No:	Receipt Date:	Cashier:

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*. **More ...**