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 to Inter Ashes and/or Right to Inter Ashes

Purpose of Form: ***This form will be used to process your request to inter ashes and/or right to inter ashes.***

Note: Application for Plaque also required if ashes are being interred in columbarium wall

CEMETERY & SECTION DESCRIPTION (Tick appropriate boxes below)

☐ MARYBOROUGH ☐ POLSON ☐ HOWARD ☐ TIARO ☐ MUNNA CREEK
☐ GARDEN OF REST ☐ GARDEN OF PEACE ☐ MONUMENTAL ☐ COLUMBARIUM
☐ LAWN ☐ CHILDREN'S MEMORIAL GARDEN (MARYBOROUGH ONLY)

SECTION/ROW/WALL _____ GRAVE/NICHE NO. _____

SECTION 1				
Interment Date	Time am pm	Funeral Director (if applicable)		
Deceased Surname				Marital Status
Given Names				Religion
Last Address				Post Code
Rank of Deceased		Officiating Minister (if applicable)		
Special Service Requirements				Place of Death
Age Sex	Date of Birth Place of Birth	Date of Death Cause of Death **	Date of Cremation Place of Cremation (Crematorium)	

****Certified Copy of Death or Cremation Certification also required**

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

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 ...**
#1922525

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SECTION 3 (Complete one part only)	
NEW NICHE	**PREPURCHASED NICHE**
Right of Burial to be issued to: Surname _____ Given Names _____ Address _____ _____ Post Code _____	I, the person named in SECTION 2 (tick one box): ☐ am the person in whose name the Certificate of Right for purchase/reservation of niche was issued. ☐ have attached written authority from the person in whose name the Certificate of Right for purchase/reservation of niche was issued. ☐ have Council authority for the use of the niche.

FCRC OFFICE USE ONLY - PARTICULARS OF FEES				
A – NICHE (if not prepurchased)	$			Application Complete - Signature of Cemetery Staff Member:
B - INTERMENT FEE	$			
C – INSTALLATION OF PLAQUE	$			
GRAND TOTAL A + B + C	$			Date Completed:
Entered in Register: Entered in Computer: Permit for Burial issued:				Receipt No: Receipt Date: Amount:

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