

Application for Burial

Purpose of Form: This form will be used to process your request for burial.

PRIVACY NOTICE: Fraser Coast Regional Council is collecting your personal information (name, address, phone number, email, relationship to deceased) for the purposes outlined on this Application for Burial. 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*.

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

CEMETERY (please tick one box)		PLOT 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 NATURAL		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)	Sec/Row	Plot No

Please complete in BLOCK letters

DETAILS OF DECEASED							
Burial Date		Time		Documentation:	<input type="checkbox"/> Form 9 Cause of Death <input type="checkbox"/> Coroner's 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			

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 above. 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	

FOR NEW GRAVES– A completed 'Application for Burial Rights' is also required

FCRC OFFICE USE ONLY - PARTICULARS OF FEES				
	\$	¢	Application Complete - Signature (FCRC Officer): Date Completed:	
PLOT (if not pre-purchased)				
INTERMENT FEE				
OTHER				
OTHER				
TOTAL				
Fee Paid:		Invoice/Receipt No:		Invoice/Receipt Date:
RBDM input date:		Reference No:		
Reg Book <input type="checkbox"/> Sect Book <input type="checkbox"/> UDR <input type="checkbox"/> No/s		Cert Issued <input type="checkbox"/> No/s:		DOCS No: