

Return Information: (Form must be returned with payment via cheque, cash or credit Card details)
Return Information: Fax: [07 4197 4455](tel:0741974455) Post: PO Box 1943, Hervey Bay In Person: Council Administration Centres

APPLICATION TO TRANSFER OR CLAIM BURIAL RIGHTS

Purpose of Form: This form will be used to process your application to transfer or claim Burial Rights.

PRIVACY NOTICE: Fraser Coast Regional Council is collecting your personal information (name, address, phone number, email, and date of birth) for the purposes outlined on this Application to Transfer or Claim Burial Rights. We may disclose to a funeral director, or your family member, the fact that you hold Burial Rights. 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. Council does not accept any responsibility for allowing an application that might be the subject of a later dispute between family members, Executors and/or assigns.

Instructions

If the Burial Rights Holder(s) is/are alive – complete Sections 1, 2, 5, 6, 7, 8, 9

If the Burial Right Holder(s) are deceased – complete Sections 1, 2, 3, 4, 6, 7, 8, 9

SECTION 1: DETAILS OF BURIAL PLACE TO BE TRANSFERRED OR CLAIMED

CEMETERY

- | | |
|--|---|
| <input type="checkbox"/> Deborah | <input type="checkbox"/> Nikenbah (Aalborg) |
| <input type="checkbox"/> Howard | <input type="checkbox"/> Nikenbah Natural |
| <input type="checkbox"/> Maryborough Monumental | <input type="checkbox"/> Polson |
| <input type="checkbox"/> Maryborough Garden of Rest Lawn | <input type="checkbox"/> Tiaro |
| <input type="checkbox"/> Munna Creek | |

SECTION/ROW	PLOT/NICHE NO:	BURIAL RIGHTS CERTIFICATE NO (IF KNOWN)
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SECTION 2: APPLICANT DETAILS

TITLE	GIVEN NAME(S)	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)		
POSTAL ADDRESS		
SUBURB	STATE	POSTCODE
PHONE	EMAIL	

I have read and understood Council's Cemeteries Policy and am aware of my rights and responsibilities under that Policy.

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence under section 234 of the *Local Government Act 2009*.

APPLICANT SIGNATURE	DATE (DD/MM/YYYY)
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2a. Are you the current holder of the Burial Rights?

- ☐ Yes – Go to Section 5
☐ No - Go to Question 2b

2b. Is the Burial Rights Holder deceased?

- ☐ Yes – Go to Section 3

SECTION 3: DETAILS OF DECEASED BURIAL RIGHTS HOLDER

TITLE	GIVEN NAME(S)	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)		DATE OF DEATH (DD/MM/YYYY)

SECTION 4: RELATIONSHIP TO DECEASED BURIAL RIGHTS HOLDER

What is your relationship to the deceased Burial Rights Holder?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent | <input type="checkbox"/> First cousin |
| <input type="checkbox"/> Child | <input type="checkbox"/> Sibling | <input type="checkbox"/> Other (please note below) |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Niece/nephew | |
| <input type="checkbox"/> Great-grandchild | <input type="checkbox"/> Aunt/uncle | |

GO TO SECTION 6

SECTION 5: JOINT BURIAL RIGHTS HOLDER

Are there joint holder(s) of the Burial Rights?

- ☐ No - Go to Section 6
☐ Yes –Burial Rights Holder 2 needs to sign below their agreement to transfer the Burial Rights

CURRENT JOINT BURIAL RIGHTS HOLDER 2

TITLE	GIVEN NAME(S)	LAST NAME	
DATE OF BIRTH (DD/MM/YYYY)			
STREET ADDRESS			
SUBURB		STATE	POSTCODE
PHONE	EMAIL		
SIGNATURE		DATE (DD/MM/YYYY)	

SECTION 6: NEW BURIAL RIGHTS HOLDER(S) DETAILS**NEW BURIAL RIGHTS HOLDER 1**

TITLE	GIVEN NAME(S)	LAST NAME	
DATE OF BIRTH (DD/MM/YYYY)			
STREET ADDRESS			
SUBURB		STATE	POSTCODE
PHONE	EMAIL		

NEW BURIAL RIGHTS HOLDER 2

TITLE	GIVEN NAME(S)	LAST NAME	
DATE OF BIRTH (DD/MM/YYYY)			
STREET ADDRESS			
SUBURB		STATE	POSTCODE
PHONE	EMAIL		

SECTION 7: RESTRICTIONS ON FUTURE USE OF BURIAL PLACE

Do(es) the new Burial Rights Holder(s) wish to restrict future use of the Burial Place?

- ☐ No (Go to section 8)
☐ Yes (Complete this section)

Please note that the number of interments per Burial Place is subject to the amount of space and whether ashes or a body is interred.

RESTRICTIONS

- ☐ Only the Burial Rights Holder(s) may be interred in the Burial Place (The Burial Place will be closed to further interments after the Burial Rights Holder(s) has been interred.)
☐ The Burial Rights Holder(s) and their spouse may be buried in the Burial Place (The Burial Place will be closed to further interments after the Burial Rights Holder and their spouse have been interred.)
☐ The Burial Rights Holder(s) and their children may be buried in the Burial Place.
☐ The Burial Rights Holder(s) and any of their descendants may be buried in the Burial Place.
☐ Other (please specify)

SECTION 8: CLAIM OF BURIAL RIGHTS AFTER DEATH OF NEW BURIAL RIGHTS HOLDER(S)

Do(es) the new Burial Rights Holder(s) wish to allow other people to claim the Burial Rights once the new Burial Rights(s) Holder has/have died and been interred in the Burial Place?

- ☐ No – Burial Place to be closed (see Restrictions above)
☐ Yes – only those people listed in Section 7 – Restrictions (Go to Section 9)
☐ Yes – Council may allow any person to claim the Burial Place, in accordance with Council's Cemeteries Policy (Go to section 9)
☐ Yes – the following people may claim the Burial Rights (List below)

PERSON 1

TITLE	GIVEN NAME(S)	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)		

PERSON 2

TITLE	GIVEN NAME(S)	LAST NAME
DATE OF BIRTH (DD/MM/YYYY)		

Attach another sheet if there are additional people who may claim the Burial Rights

SECTION 9: NEW BURIAL RIGHTS HOLDER(S) DECLARATION

I have read and understood Council's Cemeteries Policy and am aware of my rights and responsibilities under that Policy - <https://www.frasercoast.qld.gov.au/downloads/file/735/cemeteries-council-policy>.

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence under section 234 of the *Local Government Act 2009*.

NEW BURIAL RIGHTS HOLDER 1 SIGNATURE	DATE (DD/MM/YYYY)
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NEW BURIAL RIGHTS HOLDER 2 SIGNATURE	DATE (DD/MM/YYYY)
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SUPPORTING DOCUMENTATION (TICK ANY THAT APPLY)

Supporting documentation must accompany this application if the Burial Rights Holder is deceased.

- | | |
|---|--|
| <input type="checkbox"/> Certified Statutory Declaration from applicant | <input type="checkbox"/> Certified Statutory Declarations from all other parties that may have a claim to the Burial Right |
| <input type="checkbox"/> Certified copy of Last Will and Testament | <input type="checkbox"/> Certified Statutory Declaration from Legal Representative of the Burial Rights Holder |
| <input type="checkbox"/> Original Certificate of Burial Right | <input type="checkbox"/> Other Supporting Documentation |

FCRC OFFICE USE ONLY		
Fee Paid:	Receipt/Invoice No:	Receipt/Invoice Date:
Burial Right Holder Details Confirmed: Yes / No Grave No. and Section Confirmed: Yes / No		
Sect Book <input type="checkbox"/> UDR <input type="checkbox"/> No/s	Cert Issued <input type="checkbox"/> No/s:	DOCS No: