

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 RIGHTS

Purpose of Form: This form will be used to process your application for 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 Burial Rights application. We may disclose to a funeral director, monumental mason or your family member, the fact that you have purchased 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.

SECTION 1: BURIAL PLACE DETAILS

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 (GRAVES)

- | | | |
|--|--|---|
| <input type="checkbox"/> Garden of Rest _____
(SECTION) | <input type="checkbox"/> Garden of Serenity | <input type="checkbox"/> Lawn (Tiaro) _____
(SECTION 1 OR 2) |
| <input type="checkbox"/> Garden of Peace | <input type="checkbox"/> Monumental _____
(SECTION) | |

SECTION (NICHES)

- | | |
|---|--|
| <input type="checkbox"/> Columbarium | <input type="checkbox"/> Garden (Maryborough and Polson only) |
| <input type="checkbox"/> Children's Memorial (Maryborough only) | <input type="checkbox"/> Pond of Reflection (Maryborough only) |

ROW (IF APPLICABLE): _____

PLOT/NICHE NO: _____

SECTION 2: APPLICANT DETAILS

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

2a. Will the Applicant also be the holder of the Burial Rights?

- ☐ No - Go to Section 3
☐ Yes

2b. Will there be more than one Burial Rights Holder?

- ☐ No - Go to Section 4
☐ Yes - Go to Section 3 – complete details for Burial Rights Holder 2

SECTION 3: BURIAL RIGHTS HOLDER(S) DETAILS**BURIAL RIGHTS HOLDER 1 (LEAVE BLANK IF THE APPLICANT IS BURIAL RIGHTS HOLDER 1)**

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

BURIAL RIGHTS HOLDER 2 (LEAVE BLANK IF THERE IS ONLY ONE BURIAL RIGHTS HOLDER)

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 4: RESTRICTIONS ON FUTURE USE OF BURIAL PLACE

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

- ☐ No (Go to section 5)
☐ 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.
- ☐ The following named persons, only, may be interred in the Burial Place:
- | | |
|-------|----------------|
| NAME: | DATE OF BIRTH: |
| NAME: | DATE OF BIRTH: |
- ☐ Other (please specify)
-

SECTION 5: CLAIM OF BURIAL RIGHTS AFTER DEATH OF BURIAL RIGHTS HOLDER(S)

Do(es) the Burial Rights Holder(s) wish to allow other people to claim the Burial Rights once the 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 4 – Restrictions (Go to Section 6)
- ☐ Yes – Council may allow any person to claim the Burial Place, in accordance with Council's Cemeteries Policy (Go to section 6)
- ☐ 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 6: APPLICANT 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*.

SIGNATURE	DATE (DD/MM/YYYY)
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Council acts in good faith when it relies on advice provided by Applicants and does not accept any responsibility for allowing an application that might be the subject of a later dispute between family members.

FCRC OFFICE USE ONLY		
Fee Paid:	Receipt/Invoice No:	Receipt/Invoice Date:
Sect Book <input type="checkbox"/> UDR <input type="checkbox"/> No/s	Cert Issued <input type="checkbox"/> No/s:	DOCS No: