# Application for Grave in Local Government Cemetery

This form is to be used when seeking approval to dispose of human remains in a Local Government Cemetery, or bring human remains into a Local Government Cemetery.

**Cemetery Location**
- Charters Towers
- Greenvale
- Pentland
- Ravenswood
- Mingela
- Sellheim

**Applicant Details**
- Full Name
- Company
- Postal address
- Telephone
- Home: Mobile:
- Email

**Deceased Details**
- Full Name
- Any other names Deceased was known as
- Sex: Male, Female
- Date of Death
- Age
- Place of Death
- Religion
- Cultural Burial: Yes, No
- Requirements
- Burial Day & Date
- Day: Date: Time:
- Minister to Officiate
- Graveside Burial: Yes, No

**Plot Reservation**
- Does Council have a plot already reserved: Yes, No
- If Yes, Identify
  - Section:
  - Plot:
  - Grave:

**Next of Kin Details**
- Full Name
- Postal address
- Telephone
- Home: Mobile:
- Relationship to Deceased
- Consent (Required if burial is in a pre-existing plot)
# Application for Grave in Local Government Cemetery

**PO Box 189**  
**CHARTERS TOWERS QLD 4820**  
**Utilities and Facilities: 70 Mosman Street**  
**ABN 67 731 313 583**  
**F0252/U&F**  

**Version: 3**

## Invoice Instructions

<table>
<thead>
<tr>
<th>The account is to be issued to</th>
<th>☐ Applicant (details above)</th>
<th>☐ Other (details below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Home:</td>
<td>Mobile:</td>
</tr>
</tbody>
</table>

## Conditions

1. A copy of the Cause of Death Certificate, Cremation Certificate or Coroner’s Release is required with each application.
2. Purchase/burial fees are payable at the time of burial (except approved account holders).
3. Monumental works are not included in the purchase of a site, additional fees apply.
4. The purchaser of the site has the “right of burial and monument” to the said site.
5. The Succession Act 1981 may be referred to should the original purchaser no longer exist.

## Declaration

I apply for an approval under Subordinate Local Law No. 4 (Local Government Controlled Areas, Facilities and Roads) 2011 and declare:-

1. that I have provided the necessary Certificate as stated at Condition 1;
2. that the particulars provided above are correct in every detail; and,
3. that I understand and accept the conditions as noted above.

Applicant’s signature .................................................. Date ................................

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The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council’s database. The information collected will be retained as required by the Public Records Act 2002.

**Office Use Only**

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Receipt No:</th>
<th>Amount: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Memo to Sexton</td>
<td>☐ Town Officer Notified</td>
<td>Date: PSD Officer Name:</td>
</tr>
</tbody>
</table>

## Cemetery

<table>
<thead>
<tr>
<th>Cemetery</th>
<th>Section</th>
<th>Plot</th>
<th>Grave</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pioneer</td>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crematorium &amp; Rose</td>
<td>04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Monuments</td>
<td>02</td>
<td>☐ A</td>
<td>☐ B</td>
</tr>
<tr>
<td>Harry Birgan Lawn</td>
<td>03</td>
<td>Garden Sect 64</td>
<td>03</td>
</tr>
</tbody>
</table>

## Location

<table>
<thead>
<tr>
<th>Religion</th>
<th>Minister to Officiate</th>
<th>Additional comments by Sexton: (i.e. Ashes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## APPROVAL BY AUTHORISED OFFICER

Permit for burial in the above location is approved subject to the following conditions:

SPECIAL CONDITIONS:

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Authorised Officer Signature

Authorised Officer Name

Date: