

Please complete this application in BLOCK LETTERS or fill in boxes where applicable. If a question does not apply, please mark as 'N/A'.

SECTION 1 – DETAILS OF PERSON CELEBRATING BIRTHDAY						
Please tick appropriate:	Mr 🗆	Mrs □	Ms □	Miss 🗆	Other 🗆	
First Name:						
Last Name:						
DOB:						
Contact Phone:						
Residential Address:						
Postal Address:						
Email Address:						

SECTION 2 – DETAILS OF PERSON MAKING REQUEST If different to the above.					
Relationship to person:	Relative	Friend 🗆	Other		
First Name:					
Last Name:					
Contact Phone:					
Email Address:					

<b>SECTION 3 – SUPPORTING DOCUMENTATION CHECKLIST</b> Note: Only a copy of one document needs to be attached to this application.			
	Residents Birth Certificate		
	Residents Drivers Licence		
	Residents Passport		
	Statutory Declaration		

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.