

This form is to b	be used when seeking app ocal Government Cemetery	roval to dispose of human re	mains in a Local Governmer	nt Cemetery, or bring human			
Cemetery Location	☐ Charters Towers ☐ Mingela	☐ Greenvale ☐ Sellheim	Pentland	Ravenswood			
Applicant Details	Full Name						
	Company						
	Postal address						
	Telephone	Home:	Mobile:				
	Email						
Deceased Details	Full Name						
Details	Known by any other name						
	Sex	☐ Male	E Female				
	Date of Death		Age				
	Place of Death						
	Religion						
	Cultural Burial	🗌 Yes	s 🗌 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: F	Plot:	Grave:			
Next of Kin Details	Full Name						
	Destal address						
	Postal address						
	Telephone	Home: Mobile:					
	Relationship to Deceased						
	Consent	(Required if burial is in a pre-existing plot)					



	The account is to the issued to	e 🗌 Applicant (de	Applicant (details above)			v)		
Invoice Instructions	Full Name							
	Postal address							
	Telephone	Home:	Home: Mobile:					
Conditions	required with 2. Purchase/buria 3. Monumental w 4. The purchase	 required with each application. Purchase/burial fees are payable at the time of burial (except approved account holders). Monumental works are not included in the purchase of a site, additional fees apply. The purchaser of the site has the "right of burial and monument" to the said site. 						
Declaration	 I apply for an approval under Subordinate Local Law No. 4 (Local Government Controlled Areas, Facilities and Roads) 2011 and declare:- that I have provided the necessary Certificate as stated at Condition 1; that the particulars provided above are correct in every detail; and, that I understand and accept the conditions as noted above. 							
The information calls		nt's signature				nt of your application/request		
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								
Date Received: Invoid		ce No:	o: Receipt No:		Amount: \$			
Application ID:		l:	Cem Reg:		Name ID:			
Memo to Sexton		own Officer Notified	Officer Notified Date:		Officer Name:			
Cemetery		eer	01 Columbar		n & Rose 04			
		Ionumental	mental 02 [Side B			
		y Birgan Lawn	03	Garden Sect 64 03		03		
		len Sect 65	03	Other				
Location Section:		ion:	Plot:		Grave:			
Religion								
Additional comments by Sexton:								
(i.e. Ashes)								
OFFICER		Permit for burial in the above location is approved subject to the following conditions:						
		SPECIAL CONDITIONS:						
Authorized Off	Ciana atura							
Authorised Officer Signature Authorised Officer Name								
Date:								