

APPLICATION FOR COMMITTAL OF ASHES

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

Please Note minimum prior notice of seventy-two (72) hours is required.

SECTION 1 - DETAILS OF THE DECEASED

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other:	
FULL NAME				
GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
DATE OF BIRTH		DATE OF DEATH		
PLACE OF BIRTH		PLACE OF DEATH		
WILL A COMMITTAL SERVICE BE HELD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes: Date:	Time:
CEMETARY	<input type="checkbox"/> Clermont Columbarium Wall – Niche size 270mm x 180mm			
	<input type="checkbox"/> Nebo Columbarium Wall – Niche size 255mm x 115mm			
	<input type="checkbox"/> Moranbah Columbarium Wall – Niche size 250mm x 90mm			
	<input type="checkbox"/> St Lawrence Columbarium Wall – Niche size 270mm x 100mm			
	<input type="checkbox"/> Other e.g. existing grave site			
NICHE/GRAVE No (if known)	RESERVATION TO BE MADE NEXT TO NICHE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	RESERVATION NO
PLAQUE	To be purchased through Council <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please Note: Plaques for the lawn cemeteries and columbarium walls must meet council's specifications. Please contact Council's Cemetery Services Officer for more information.

SECTION 2 - APPLICANT DETAILS

FULL NAME			
RELATIONSHIP TO DECEASED			
POSTAL ADDRESS			
PHONE	MOBILE		
EMAIL			

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OPTIONAL INFORMATION (e.g. place of birth and death, or cultural requirements)			
IS THE APPLICANT ALSO THE BURIAL RIGHT HOLDER OF EXISTING GRAVE	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, complete Section 2	If No, Burial Right Holder is to complete Section 3

SECTION 3 - BURIAL RIGHT HOLDER DETAILS

NAME			
RELATIONSHIP TO DECEASED			
POSTAL ADDRESS			
PHONE			
EMAIL			
SIGNATURE		DATE	

APPLICANT AUTHORISATION

REQUESTED BY	Signature	Date
	Print Name	

Once completed please send form and any attachment to:
records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
or deliver in person to your local Isaac Regional Council office

DEPARTMENT USE ONLY

NOTIFICATION DATE	
PRIVATE WORKS NO.	

Information entered Council Burial Registers

BDM NO.		
APPLICABLE FEE PAID	\$	
PROCESSED BY	Signature	Date
	Print Name	