

# APPLICATION FOR FUNERAL SUPPORT SERVICES

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 five (5) working days is required.

## SECTION 1 – DETAILS OF THE DECEASED

<b>FULL NAME</b>			
<b>GENDER</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>DATE OF BIRTH</b>			
<b>DATE OF DEATH</b>			
<b>DATE OF FUNERAL</b>		<b>TIME OF FUNERAL</b>	
<b>SERVICE</b>	<input type="checkbox"/> CHURCH	<input type="checkbox"/> CEMETERY	
<b>NAME OF CHURCH</b>		<b>TOWN</b>	
<b>CEMETERY AREA</b>	<input type="checkbox"/> Lawn	<input type="checkbox"/> Monument	<input type="checkbox"/> RSL
<b>IS THERE A RESERVED PLOT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>RESERVED/ALLOTTED PLOT NO.</b>	
<b>RESERVATION TO BE MADE NEXT TO PLOT</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>RESERVATION NO.</b>	
<b>INTERMENT</b>	<input type="checkbox"/> First <input type="checkbox"/> Second	<b>COFFIN/CASKET SIZE</b>	
<b>OPTIONAL INFORMATION</b> (e.g. place of birth and death, or cultural requirements)			
<b>PLAQUE</b>	To be purchased through Council <input type="checkbox"/> YES <input type="checkbox"/> NO		

**Please Note:** Plaques for the lawns section and columbarium wall must meet Council's specifications.

## SECTION 2 - FUNERAL DIRECTOR DETAILS

<b>COMPANY NAME</b>	
<b>CONTACT PERSON</b>	
<b>POSTAL ADDRESS</b>	
<b>PHONE</b>	
<b>MOBILE</b>	
<b>EMAIL</b>	

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## SECTION 3 - APPLICANT DETAILS

FULL NAME			
RELATIONSHIP TO DECEASED			
POSTAL ADDRESS			
PHONE			
EMAIL			
IS THE APPLICANT ALSO THE BURIAL RIGHT HOLDER OF EXISTING GRAVE	<input type="checkbox"/> YES <input type="checkbox"/> NO	If <b>Yes</b> , complete Section 3 only.	If <b>No</b> , Burial Right Holder is to complete Section 4

## SECTION 4 - BURIAL RIGHT HOLDER DETAILS

FULL NAME			
RELATIONSHIP TO DECEASED			
POSTAL ADDRESS			
PHONE			
EMAIL			
SIGNATURE		Date	

## APPLICANT AUTHORISATION

Please Note: Person signing this authorisation will become the Burial Right Holder of the deceased's grave for first interments only.

REQUESTED BY	Signature	Date
	Print Name	

Once completed please send form and any attachment to:  
[records@isaac.qld.gov.au](mailto: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

- Invoice sent to Funeral Director  Information entered Council burial registers.

NOTIFICATION DATE		PRIVATE WORKS NO.	
AMOUNT INVOICED	\$	BDM NO.	
PROCESSED BY	Signature	Date	
	Print Name		