



Form to be returned to:

Email: townsville.cemeteries@townsville.qld.gov.au

Postal: Townsville City Council, PO Box 1268, Townsville Qld 4810

Phone: 07 4727 9754

Service Desk location: Belgian Gardens Cemetery, 56 Evans Street, Belgian Gardens

SECTION 1: DECEASED DETAILS (Please complete in BLOCK letters)

TITLE:		GIVEN NAME/S:		SURNAME:	
DATE OF DEATH (DD/MM/YYYY):		DATE OF BIRTH (DD/MM/YYYY):		AGE:	
DENOMINATION/RELIGION:		PLACE OF BIRTH:			
LAST PERMANENT ADDRESS:					
SUBURB:		STATE:		POSTCODE:	

SECTION 2: LOCATION FOR INTERMENT

CEMETERY/INTERMENT LOCATION:	BELGIAN GARDENS	OTHER LOCATION (PLEASE SPECIFY):			
INTERMENT TYPE: (PLEASE TICK ONE BOX)	INTERMENT OF COFFIN	INTERMENT OF ASHES			
GRAVE TYPE: (PLEASE TICK ONE BOX)	LAWN	MONUMENTAL	BABY LAWN	ASHES	
GRAVE/SITE DETAILS:	SECTION/SUBDIVISION:		GRAVE/SITE NO:		
STATUS: (PLEASE TICK ONE BOX)	NEW RESERVE (WITH INTERMENT)				
	OPEN RESERVE				
	RE-OPEN - NAME OF LAST PERSON INTERRED:				
PLEASE INDICATE IF APPROPRIATE:	TRADITIONAL BURIAL/SINGLE DEPTH – ACKNOWLEDGEMENT FORM REQUIRED)				
	JUSTICE DEPARTMENT				
ADDITIONAL RESERVATION REQUIRED:	NO	YES (RESERVATION APPLICATION FORM REQUIRED)			
CONFIRM DOCUMENTATION:	FORM 9 CAUSE OF DEATH CERTIFICATE <u>OR</u>				
	CORONER'S CERTIFICATE <u>OR</u>				
	PERINATAL SUPPLEMENT (FORM 9A)				
ACCOMPANYING APPLICATION FORM:	CREMATION CERTIFICATE (ASHES ONLY INTERMENT)				

SECTION 3: FUNERAL / INTERMENT DETAILS

DATE OF FUNERAL* (DD/MM/YYYY):		DAY OF WEEK:			
START TIME OF SERVICE (INC. AM/PM):	LOCATION OF SERVICE:	ARRIVAL TIME AT CEMETERY (INC. AM/PM):	GRAVESIDE SERVICE:		
			YES	Delivery Only	Committal
COFFIN/CASKET SIZE:	STANDARD				
	NON-STANDARD	DIMENSIONS: LENGTH:	WIDTH:	DEPTH: (INCL. HANDLES)	
	ASHES URN	DIMENSIONS: LENGTH:	WIDTH:	DEPTH:	
FLOOR/LEDGER REMOVAL REQUIRED?					
No					
Yes → Funeral Director/Family has engaged Monumentalist to remove by (DD/MM/YYYY):					
SPECIAL SERVICE REQUIREMENTS:					
Chairs and tents required (Additional charge will apply refer to current fees & charges)			Private Service		
Other – Please Specify					



SECTION 4: FUNERAL DIRECTOR (IF APPLICABLE)

FUNERAL DIRECTOR:

BOOKING TAKEN BY TOWNSVILLE CITY COUNCIL STAFF MEMBER:

ARRANGER'S NAME:

DATE:

ARRANGER'S SIGNATURE:

**Every effort is made to accommodate funeral bookings at similar times while providing privacy and space for families attending.*

SECTION 5: RIGHT OF BURIAL HOLDER CONSENT FOR INTERMENT

- A) Is this a Reserve and Interment occurring simultaneously?
 Yes (Complete **Section 5.1 Confirmation of Right of Burial Holder**)
 No (Continue to Question B)
- B) Are you the Right of Burial Certificate holder for the grave/site?
 Yes (Complete **Section 5.1 – Confirmation of Right of Burial Holder details**)
 No (Continue to Question C)
- C) Is the Right of Burial Certificate holder being interred?
 Yes (Continue to **Section 6 – Applicant Declaration**)
 No (Continue to Question D)
- D) Has the Right of Burial Certificate holder consented to interment?
 Yes → **Right of Burial Holder** to complete **Section 5.1 – Confirmation of Right of Burial Holder details**
 → **Applicant** for Interment to complete **Section 6 – Applicant for Interment**
 No (Application cannot proceed without Right of Burial Holder consent)

SECTION 5.1: CONFIRMATION OF RIGHT OF BURIAL HOLDER

RIGHT OF BURIAL HOLDER 1.

TITLE: GIVEN NAME/S: SURNAME:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

RIGHT OF BURIAL HOLDER 1 SIGNATURE: DATE (DD/MM/YYYY):

RIGHT OF BURIAL HOLDER 2 (IF APPLICABLE).

TITLE: GIVEN NAME/S: SURNAME:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

RIGHT OF BURIAL HOLDER 2 SIGNATURE: DATE (DD/MM/YYYY):

TERMS

I declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence under section 234 of the *Local Government Act 2009*. A Right of Burial Certificate is a legal document and permits the right to be buried in a particular plot and the right to authorise the burial of others in the same plot (up to the number permitted in that plot as determined by Council).

The Right of Burial Holder (and Applicant where applicable) must abide with all rules or regulations that may apply to the operation of the Cemetery. Council may vary its rules and regulations at any time and in any manner deemed necessary. On the death of the Right of Burial holder, it is the families' responsibility to apply for the transfer of Right of Burial into the rightful beneficiary's name, should they wish to do so.

For further details please see Townsville Cemeteries Statement of Principles: townsville.qld.gov.au (search 'Cemeteries')



****ONLY COMPLETE SECTION 6 IN THE EVENT THE RIGHT OF BURIAL CERTIFICATE HOLDER IS NOT THE APPLICANT FOR THIS INTERMENT****

SECTION 6: APPLICANT FOR INTERMENT (IF APPLICABLE)

TITLE: GIVEN NAME/S: SURNAME:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

Advice Provided by Applicant

Advice provided by the Applicant is relied upon by Council in good faith.

Council does not accept any responsibility for allowing an interment that might be the subject of a later dispute between family members, Executors and/or assigns.

The Applicant for this *Interment Consent Application Form* will be the only person authorised to apply for a **Monument Construction Permit**, unless a formal **Right of Burial transfer** occurs.

By signing this form, I acknowledge and accept the terms outlined in the Townsville Cemeteries Statement of Principles.

Applicant Declaration

I, _____, certify that:

the family have appointed me as the Applicant for the above mentioned interment.

the family have been informed that a **Construction Permit** for the grave/site can only be authorised by the Applicant for the Right of Burial Holder's interment, unless a formal **Right of Burial transfer application** occurs into the rightful beneficiary's name, as specified in legal documentation such as a Last Will of Testament (or in the event a Will is not in place, following the Succession Act).

the above mentioned information, to the best of my knowledge, is true and correct.

APPLICANT SIGNATURE: DATE (DD/MM/YYYY):

PRIVACY NOTICE

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which council manages personal information is governed by the *Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with *Local Government Act 2009* so that we can assess your application and reserve your site. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our [Information Privacy Policy](#).