



CEMETERY APPLICATION

FAX TO CEMETERY SUPERVISOR ON (07) 4951 2125
ORIGINAL TO BE PROVIDED AT CEMETERY ON DAY OF FUNERAL

INSTRUCTIONS FOR COMPLETION OF THIS FORM	
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Purpose:	Sections to Complete:
Burial and Ashes in New Grave	Section 1, 2, 4, 5 and 6
Burial in Existing Grave	Section 1, 2, 4 and 5
Burial in Reserve Grave	Section 1, 2, 4 and 5
Ashes Interment in Existing Grave	Section 1, 2, 4 and 5
Ashes Interment in Reserve Niche	Section 1, 2, 4, 5 and if new plaque is required - Section 7
Ashes Interment in New Niche	Section 1, 2, 4, 5, 6 and 7
Ashes Interment at Garden of Memories	Section 1, 2, 4, 5 and 7
Purchasing - Columbarium Wall - Niche	Section 5, 6 and if plaque is required at this stage - Section 7 (Columbarium Wall)
Purchasing - Garden of Memories	Section 5, 6 and if plaque is required at this stage - Section 7 (Garden of Memories)
Purchase of Vase for Columbarium Walls and Lawn Plots	Section 1, 5 and 8
Pre-Purchasing - Plot - Exceptional Circumstances Only	TO BE REFERRED TO CEMETERY SUPERVISOR IN FIRST INSTANCE. If approved, section 2, 5 and 6 to be completed

SECTION 1 (Deceased details)

Full name of deceased:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth :	
Date of death :	
Age of deceased:	

SECTION 2 (Funeral details)

Date of funeral / burial:	
Time and Location of funeral:	
Cemetery:	<input type="checkbox"/> Mt Bassett* <input type="checkbox"/> Walkerston* <input type="checkbox"/> Mackay City <input type="checkbox"/> Sarina* <input type="checkbox"/> Mirani* <input type="checkbox"/> Marian* <input type="checkbox"/> Columbarium Wall (please also choose cemetery*) <input type="checkbox"/> Garden of Memories (Mt Bassett)

SECTION 3 (Cemetery Use ONLY)

Grave/Burial No: _____	Section: _____	Line No: _____	
Plot No: _____	Size of Plot: <input type="checkbox"/> 8 X 4 <input type="checkbox"/> 8 X 8 <input type="checkbox"/> Niche <input type="checkbox"/> Garden of Memories (Mt Bassett)		
Other Remarks:			

8 X	8 X	8 X	8 X	8 X	8 X	8 X
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SECTION 4 (Preparation of grave details)

Name of Undertaker: _____

Please Tick: COFFIN CASKET OVERSIZED URN

Length of coffin: _____ Width of Coffin (Widest Part): _____

Type of Burial: Burial (single) Single Vault burial Double Vault burial
 Ashes Mausoleum burial Other (specify)

Remarks: _____

(IF EXISTING GRAVE) I, (print full name) _____, certify that I am the deed holder or have the permission of the deed holder to re-open this grave.

Family Representative's Signature.....Date...../...../.....

<input type="checkbox"/> New Grave	<input type="checkbox"/> Existing Grave	<input type="checkbox"/> Beside	Is a Reserve Grave Required?	<input type="checkbox"/> Yes
		<input type="checkbox"/> On top		<input type="checkbox"/> No

SECTION 5 (Applicant's details)

Name of Applicant: _____

Address of Applicant: _____

Phone Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____

Signature of Applicant: _____

SECTION 6 (Purchase of burial rights)

I hereby state that I am authorised to purchase the burial rights for this plot on behalf of the Estate of the Deceased person mentioned above, as I am (please tick / complete appropriate box):

- An executor of the will of the deceased
- Deceased's nearest surviving relative, namely, _____
- Other person, namely, _____

Deed to be issued in the name of:
EITHER:

"Estate of (deceased name)"
care of (nominated representative) at
(postal address)

OR:
Specify (full name and postal address)
.....

Section 6 continues next page

I acknowledge that the Deed Owner will have all rights and responsibilities in relation to further burials and / or construction of monuments on such piece of ground, as named above.

I also acknowledge that I will abide by Council's *Policy No 67 Cemeteries*.

Signature: _____

Date: ____ / ____ / ____

PRIVACY DISCLAIMER

Mackay Regional Council is collecting your personal information in order to process your application. This information will only be disclosed to impartial third parties such as funeral directors and stone masons. However under all other circumstances we will only disclose your personal information with your written authorisation or as we are required to by law.

OFFICE USE ONLY

I have checked the above grave details. They are correct and the grave is currently unpurchased.

Signature of council officer.....Date...../...../.....

SECTION 7 (Columbarium Wall and Garden of Memories Plaques)

Application for: Single niche/s (Columbarium Wall) Double Niche (Columbarium Wall)

Inscription for Plaque:

Maximum of 8 lines except for:

- Walkerston single niche – maximum 5 lines
- Garden of Memories Formica plaque – maximum 5 lines

Line 1
Line 2
Line 3
Line 4
Line 5
Line 6
Line 7
Line 8

Columbarium Wall Plaque Sizes

Colour Plaque Details - Columbarium Wall and Garden of Memories (Complete if required)

Mt Bassett	Single	200mm x 210mm	Colour:		
	Double	2 x single plaques			
Marian	Single	178mm x 229mm	Graphic No. & Colour	#	
	Double	2 x single plaques			
Mirani	Single	180mm x 150mm	Position of Graphic		
	Double	184mm x 229mm			
Walkerston	Single	137mm x 86mm	Note: Colour plaque only available in Garden of Memories if Other* is selected (below) and additional fee paid.		
	Double	180mm x 150mm			
Sarina		178mm x 152mm			
Ashes container should be:		200mm x 100mm x 80mm			

Council Use: Niche Number/s allocated: # _____ # _____

Garden of Memories Plaques Sizes and Information (choose one if applicable)

Formica Only <input type="checkbox"/>	Note: Included in fee for plot purchase, photo not available, colour plaque not available	75mm x 50mm
*Other <input type="checkbox"/>	Note: Additional fee applies, photo available, brass or colour	150mm x 200mm

Note: Additional fee applies if burial of ashes is required in Garden of Memories is required.

COUNCIL USE: Plot Number allocated: # _____

Photo on Plaque (Complete if required)

Photos may be added to all plaques except for Formica plaque at Garden of Memories. Contact a Stone Mason to arrange for preparation of the photo prior to installation on plaque.

Would you like a photo to be added to the plaque? **Yes** Complete details on following page **No**

If 'Yes' – Where?

Dimension of Photo?

SECTION 8 (PURCHASE A VASE)

Columbarium Vase Mt Bassett Walkerston Sarina Mirani Marian

Inground Lawn Cemetery Vase - **Mt Bassett Cemetery only**

Replacement Inners - **Mt Bassett Cemetery only**

Number required: _____ (please state how many required)

OFFICE USE ONLY (PLAQUES)

Date Plaque ordered: _____ Requisition Number: _____

SEXTON: Notified and copy of form: _____ YES / NO Notified by Whom: _____

Entered in Register: _____ YES / NO Niche No. highlighted on plan _____ YES / NO

Date Plaque installed: _____ / _____ / _____ Date Applicant notified: _____ / _____ / _____

Final draft of plaque approved by applicant: Yes / No Date: _____ / _____ / _____

Name of Council Officer: _____

CASHIER USE ONLY

Fee: \$..... Receipt No.:

Date: Cashier:

Receipt codes (Burial) – Mackay RC/MKYBUR, Marian RC/MARBUR, Mirani RC/MIRBUR, Mt Bassett RC/MTBB, Sarina RC/SARBUR, Walkerston RC/WALKB

Receipt codes (Purchase of Burial Rights) – Mackay RC/MKYPL, Marian RC/MARPL, Mirani RC/MIRPL, Mt Bassett RC/MTBL, Sarina RC/SARPL, Walkerston RC/WALKP

Receipt codes (Plaque/Columbarium) – Marian RC/MARPL, Mirani RC/MIRPL, Mt Bassett RC/MTBL, Sarina RC/SARPL, Walkerston RC/WALKP

Receipt code (Plaque Garden of Memories Mt Bassett) – RC/MTBL

Receipt code (Vase and inners) - Mt Bassett RC/MTBV, Mackay RC/MKYVAS, Walkerston RC/WALKV, Sarina RC/SARVAS, Marian RC/MARVAS, Mirani RC/MIRVAS