



# Cloncurry Shire Council

FRM – COR 1029-05

## FORM 5 - APPLICATION FOR GRAVE LOCATION SEARCH

### APPLICANT'S DETAILS

Name:	Contact Phone No:
Address:	Contact Fax No:
	Contact Email:

### DETAILS OF DECEASED *(Fill in as much detail as possible)*

Surname:	Date of Birth:	
Given Names:	Date of Death:	
Other Names known by:	Date of Burial/ Interment:	
Cemetery <i>(Please Circle)</i> :	Cloncurry Lawn Cemetery	Cloncurry 1 <sup>st</sup> Cemetery
	The Afghan Cemetery	The Chinese Cemetery
	Other:	Unknown
Comments:		
Signature of Applicant:	Date:	

### OFFICE USE ONLY

Portion:	Plot:	Grave No:
Received By <i>(Council Employee Name)</i> :		
Invoice No:	Receipt No:	
Date:		
Amount: \$		
Employee Signature:		

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