



Cloncurry Shire Council

FRM – COR1029-01

FORM 1 - APPLICATION FOR INTERMENT OF REMAINS

This form is to be filled out by the Undertaker and submitted to Council's Administration for approval prior to the interment Email: council@cloncurry.qld.gov.au

APPLICANT'S DETAILS

Contact Person:	Contact Phone No:
Postal Address:	Contact Fax No:
	Contact Email:

NEXT OF KIN DETAILS

Contact Person:	Contact Phone No:
Postal Address:	

INTERMENT DETAILS

Date of this Request:	Area of Interment:
Name of Deceased:	Occupation:
Age:	Gender:
Date of Birth:	Residence:
Date of Death:	

DETAILS OF FUNERAL

Date:
Time at Church:
Time at Cemetery:
Delegation/Religion:
Minister to Officiate:
Coffin Size: mm × mm × mm
Type of Service: <input type="checkbox"/> First Interment <input type="checkbox"/> Second Interment
Interment of Ashes: <input type="checkbox"/> Grave <input type="checkbox"/> Memorial Wall (Lawn Cemetery)
Comments:
Signature (Representative or Undertaker):

OFFICE USE ONLY

<i>Interment - Lawn Cemetery – First / Second (circle)</i>	Portion:	Section:	Grave No:
<i>Interment - Memorial Wall (Lawn Cemetery) only :</i>	Row:	Column:	
<i>Second Interment only – General Cemetery</i>	Section:	Grave No:	
<i>Received By (Council Employee Name):</i>			
<i>Invoice No:</i>	<i>Receipt No:</i>		
<i>Date:</i>			
<i>Amount: \$</i>			
<i>Employee Signature:</i>			

Please note that this form is to be submitted to the Council at least 3 days prior to the burial.