

Application for Interment/Placement

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit <https://www.bundaberg.qld.gov.au/privacy> for further information.

All forms must be completed and submitted electronically to be processed.

Cemetery				
Bundaberg <input type="checkbox"/>	Gin Gin <input type="checkbox"/>	Childers Lawn <input type="checkbox"/>	Apple Tree Creek <input type="checkbox"/>	Cordalba <input type="checkbox"/>
Other (specify) <input type="checkbox"/>				

Deceased's Details	
Surname	Given Name(s)

Service Details	
Day & Date of Funeral	Time of Funeral
Arrival Time at Cemetery	Estimated Congregation
Location of Service:	
Type of Interment: New Grave <input type="checkbox"/> Re-Opening <input type="checkbox"/> Open Reservation <input type="checkbox"/> Graveside Service <input type="checkbox"/>	
Ashes <input type="checkbox"/>	
Location: Lawn <input type="checkbox"/> General <input type="checkbox"/> Children's <input type="checkbox"/> Returned Service <input type="checkbox"/> Vault <input type="checkbox"/>	
Rose Garden <input type="checkbox"/> Memorial Wall <input type="checkbox"/> Rock Garden <input type="checkbox"/> Other (specify) <input type="checkbox"/>	

Grave Particulars	
Grave Number	Section
Re-open: Name of last burial	Date of last burial
Relationship to last burial	Number of previous burials
Coffin Details: Length mm Width mm Depth mm	
Coffin Shape: Diamond <input type="checkbox"/> American <input type="checkbox"/>	
<i>Note: American Style and Oversized Coffins/caskets will incur an additional fee.</i>	

Cemetery Equipment	
Lowering Device <input type="checkbox"/> Bars & Straps (hand lowering) <input type="checkbox"/>	Shovels & Soil (hand filling) <input type="checkbox"/>
<i>Note: No matting, shade covers or seating are supplied by Council</i>	
Special Instructions	

Grave Reservation	
Is the grave beside required for reservation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>(If YES Please Complete Form FM-7-075 Cemetery Application to Reserve Grave/Niche/Garden Placement)</i>	
Whom is the grave reserved for?	

Documentation	
Form 9 - Cause of Death Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	Form 14 - Coroner's Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>
Cremation Certificate <input type="checkbox"/> Cert No.	Hermetically Sealed Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant's Details	
Funeral Director	Individual
Name	Mr Mrs Ms Miss
ABN (if applicable)	Name
Postal Address	Residential Address
Email	Email
Phone No.	Phone No.
Contact Person	Alternative Contact No.
Signature	Signature
Date	Date

CEMETERY ADMINISTRATION USE ONLY		
Acknowledged and arrangements confirmed by Cemetery Administration		
Name	Date	Time