

## Community & Environment – Cemeteries Application for Removal & Exhumation

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.

### 1 Deceased's Details

Full Name

Interment Date

Day of Retrieval

Date of Retrieval

Time of Retrieval

### 2 Grave Details

Cemetery

Grave No.

Section

Cremation Cert

### 3 Reason for Removal/Exhumation

### 4 Destination of Retrieved Remains

### 5 Burial Rights Holder

Full Name

Postal Address

Email

Phone No.

Alternative Contact No.

Signature

Date

*If application is not able to be signed by Burial Rights Holder, complete the Statutory Declaration overleaf.*

### 6 Funeral Director

Name

Postal Address

Email

Phone No.

Alternative Contact No.

Fax No.

Contact Person

Signature

Date

### 7 Application Lodgement

In person	Bundaberg Cemetery Office T: 07 4130 4460 91 Takalvan Street Millbank 8:00am - 4:30pm, Monday - Friday
By email	You may submit this form unsigned via email to start the process, however you MUST provide a signed copy of the form to finalise matters. <a href="mailto:cemetery@bundaberg.qld.gov.au">cemetery@bundaberg.qld.gov.au</a>
By fax	07 4152 7073
In person at your local Customer Service Centre 8:15am - 4:45pm Monday - Friday	<ul style="list-style-type: none"> <li>▶ Bundaberg Administration Centre 190 Bourbong Street, Bundaberg</li> <li>▶ Bargara Customer Service Centre Shop 3, 15 See Street, Bargara</li> <li>▶ Childers Service Centre 45 Churchill Street, Childers</li> <li>▶ Gin Gin Service Centre 4 Dear Street, Gin Gin</li> </ul>

#### Cemetery Administration

Burial Rights Holder Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grave No. & Section Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No
DERM or other Govt. Department Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Removal/Exhumation Request Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date & Time of Removal/Exhumation Confirmed	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### OFFICE USE ONLY

##### Customer Service

Entered By		Date	
Receipt No.		Rec. Type	150 GL 10101.3201.1500

#### Cemetery Administration

Acknowledged and arrangements confirmed by Cemetery Office			
Date		Time	
Data Record ID			
Entered By:	Name		
	Signature		

Oaths Act 1867 – 1974

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## Statutory Declaration

### QUEENSLAND TO WIT

I, \_\_\_\_\_  
(Your name)

of \_\_\_\_\_  
(Your address)

in the State of Queensland, do solemnly and sincerely declare that:

And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1867 – 1974.

\_\_\_\_\_  
Declarant's Signature

Taken and Declared before me, at \_\_\_\_\_ }

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ }

\_\_\_\_\_  
Justice of the Peace or  
Commissioner For Declarations