## **Burial Application Form**

## For monumental and lawn burials in all Livingstone Shire Council cemeteries



ABN 95399253

95399253048

**Telephone** 1300 790 919

Email: cemeteries@livingstone.qld.gov.au

PRIVACY NOTICE: Livingstone Shire Council is collecting your personal information to provide the requested service and to update Council's records.

This form is to be completed when a Qualified Funeral Director wishes to arrange a burial service at one of Livingstone Shire Councils cemetery locations. Application must be submitted no less than two business days prior to the required date and time of the service. All application submitted by a Funeral Director will be invoiced to the Funeral Director. The Funeral Director or an employee of the Funeral Director is not permitted to be a Holder of Burial Right without Council's written approval.

Section 1 – Funeral Director								
Applicant's Name:								
Residential Address:								
Postal Address:								
Contact Number:								
Email:								
Declarations  □ I agree to the requirements stipulated in Council's Policies and Procedures  □ I declare that I have obtained and provided permissions from the holder of burial rights / Next of Kin to organise this service								
As a Funeral Director, I have fulfilled all statutory requirement to allow burial of the deceased.								
Signature:				Date:				
Section 2 - Burial Right Holo	der (original holder of burial righ	nts, if known)						
Full Name								
Relationship to Deceased								
Residential Address								
Postal Address								
Contact Number								
Email								
I declare that I am the burial right holder of the burial site and consent to the burial or inumment of the deceased in the burial site.								
Signature				Date				
Section 3 – Next of Kin to I	ncumbent (Not burial right	Holder)						
Full Name:								
Residential Address:								
Postal Address:								
Contact Number:								
Email:								
Relationship to Deceased:								
Section 4 – Proof of ID (proof ID of the Next of Kin must b	of of ID must be sighted by the e sighted)	e Funeral Director a	as part of the	request. I	f holder of burial r	ight is deceased, p	roof	
ID Type:		ID Number:			Expiry Date:			

Section 6 - Deceased Perso	on Details						
Full Name:							
Date of Birth:							
Date of Death:							
Gender:							
Religion / Culture:							
Section 7 – Site Details							
Site type:	□ Vacant Site □ Reserved Site □ Re-open of Site (please complete details below)						
Cemetery Location:	☐ Yeppoon ☐ Emu Park ☐ Capricorn Coast Memorial Gardens (CCMG) ☐ Cawarral ☐ Joskeleigh						
Section:	Lawn	☐ Monumental	☐ Columbarium ☐ Ashes Garden				
Burial Site:	Row:		Number:	(the burial site)			
CCMG Ashes Garden:	☐ Poplar Gum	☐ Weeping Paperback	k □ Rusty Fig □White Gum				
Number:							
Section 8 - Service Details							
Inurnment:	☐ First Inurnment	☐ Second Inurnment					
Date of Service:			Graveside Service:	□ Yes □ No			
Time of Arrival:			Time of Service:				
	Coffin Size ☐ Standard ☐ Non-Standard (please provide dimensions below).						
Coffin / Casket	If non-standard coffin - Length: mm Width: Height: mm □ Tick yes is approximate weight of coffin and deceased is under 50kg.						
Is pallbearer required?	<u> </u>		d deceased is under so	<u></u>			
Is cultural assistance	☐ Yes □	 □ No					
required?							
If yes, please outline any cultu	iral requests for the s	ervice below:					
Section 9 – Setup Details (a	annlicable to all services	s – contact Cemeteries Admir	nistration Office for assista	ance it required)			
Occitor 5 Octop Details (8	applicable to all services	s contact ochreteries Aunin	iistration office for assista	nee it required)			
Is pavilion hire required?	☐ Yes ☐	l No					
Up to 2 hours flat fee of \$150.00, after burial service.	does not include drink, f	food, set up for service. Cour	ncil staff will set up tables,	chairs and provide limited cleaning services			
Is a standard set up		l No					
required? (The standard setup is 3 marquees and 15 chairs.)  If no, please provide details of the preferred setup:							
in no, produce provide detaile e	, the profession du cottap.						
Section 11 – Supporting Do	ocumentation						
Please remember to provide the following supporting documentation when submitting this form:							
□ Proof of ID of the holder of burial rights/person acting on behalf of the holder of burial rights, or proof of ID of the holder rights							

## **Section 13 - Submission and Payment Options**

Refer to Council's Current Fees and Charges for details.

Payment must be made when the form is submitted – forms will not be processed until payment is received



MAIL - Make your cheque/money order payable to Livingstone Shire Council and mail to PO Box 2292, Yeppoon QLD 4703.

**EMAIL** – email the completed form to enquiries@livingstone.qld.gov.au.

Customer Service Staff will contact you regarding payment.



IN PERSON -You can pay this account at any of Council's Customer Service Centres:

Yeppoon (Town Hall, 25 Normanby Street or Emu Park (Library), 7-9 Hill Street