

Office:

Date:/...../.....

Time:

Name:

BURIAL RIGHTS HOLDER PERMISSION FORM

This application form is to be completed when an applicant is seeking permission to act on behalf of the Burial Rights Holder. "Burial Rights Holder" means the person who has been issued with the burial rights, whose name and details appear on the application form at the time of application from the Funeral director to conduct a service. All fields are required to be completed unless otherwise stated. Written confirmation from Gladstone Regional Council will confirm the approval of this application. If you have any queries, please contact Gladstone Regional Council, Cemeteries Section on (07) 4977 1403.

Privacy Statement: The Gladstone Regional Council is collecting your personal information on this form to process this request. The information will only be used by authorised council employees for the purposes of this request, or for the purpose of performing other Council functions and responsibilities. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law.

BURIAL RIGHTS HOLDER DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Surname: _____ Given Names: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Email (optional): _____

PLOT DETAILS

Cemetery: _____ Plot No / Location: _____

Existing Interment Names: _____

NOMINATED ACTIVITY

☐ Interment of deceased. A **Burial or Ashes Interment Application** must be submitted along with this application.Interment Type: ☐ Burial ☐ Ashes interment

Deceased Surname: _____

Deceased Given Names: _____

Deceased Date of Birth: _____

☐ Modification of the plot as indicated below. A **Monumental Works Application** must be submitted along with this application.☐ Headstone/Monument Installation ☐ Headstone/Monument Repairs ☐ Plaque Installation ☐ Plaque Repair☐ Vases ☐ Other: _____☐ Other: _____

PERMISSION GRANTED TO

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Relationship to Burial Rights Holder: _____

Surname: _____ Given Names: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Email (optional): _____

BURIAL RIGHTS HOLDER DECLARATION

I, the undersigned applicant declare:

- a) The information provided is true, correct and complete;*
- b) I have the legal right to authorise this application;*
- c) I have read, understand and agree to the Council's Cemetery and Crematorium Policy which provides conditions on the service requested by this application;*
- d) I give permission to the individual listed in 'Permission Granted To' to conduct the nominated activity within or upon the plot as detailed above.*
- e) That I shall, at all times, hold harmless and keep indemnified the Gladstone Regional Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the approval holder or agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the approval provided by Council arising from this application or in the observance, fulfilment, non-observance or non-fulfilment of any condition of the said approval.*

Burial Rights Holder Signature

Date