

Office:

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

Time:

Name:

MEMORIAL APPLICATION

*Local Government Act 2009 - Local Law No. 4 (Local Government Controlled Areas, Facilities and Roads) 2011**Subordinate Local Law no. 4 (Local Government Controlled Areas, Facilities and Roads) 2011*

This is an application for a memorial plot in a Gladstone Regional Council controlled Cemetery. 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.

CEMETERY

- ☐ Boyne Tannum Memorial Parklands (BTMP)
☐ Port Curtis Cemetery
☐ Calliope Cemetery
☐ Mt Larcom Cemetery
☐ Gladstone Cemetery
☐ Bororen Cemetery
☐ Rosedale Cemetery
☐ Other _____

PLOT TYPE

- ☐ Burial Plot
☐ Non Burial Plot
☐ Free Standing Plot (BTMP only)
☐ Walkway Plot (BTMP & Calliope only)
☐ Columbarium Wall (Port Curtis & Bororen only)
☐ Memorial Garden (Port Curtis only)

PLOT DETAILS

Type of Memorial: ☐ New ☐ Plaque on existing plot Plot No / Location:

Existing Name:

Special Requests (i.e.. photo of plaque requested, family wish to be present when plaque attached):

DECEASED DETAILS

Surname: Given Names:

Gender: ☐ Female ☐ Male ☐ Other Age Date of Birth: Date of Death:

Last Street Address:

Suburb: State: Postcode:

Place of Death: Religion (optional):

AUTHORISED PERSON DETAILS

The use or modification of a plot must be approved by the Burial Rights Holder. The existing Burial Rights Holder is:

- ☐ Unassigned, this is a new plot application – new Burial Rights Holder nominated below
☐ The deceased – new Burial Rights Holder nominated below
☐ Unknown (Statutory Declaration required) – new Burial Rights Holder nominated below
☐ Not the deceased – current Burial Rights Holder below
☐ Not the deceased – Burial Rights Holder permission attached, next of kin / or other representative nominated below

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Relationship to Deceased:

Surname: Given Names:

Postal Address:

Suburb: State: Postcode:

Contact Number: _____ Email (optional): _____

Signature: _____ or ☐ Funeral Director is acting on my behalf**APPLICANT DETAILS**☐ Tick box if same as above

Applicant Surname: _____ Applicant Given Names: _____

OR

Business Name: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Email: _____

APPLICANT 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 or where applicable, as the Funeral Director I have been given the authority to act on behalf of the person with the aforementioned right;*
- 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) *That applicable fees and charges must be paid in advance of the service. Fees and charges will only be invoiced for later payment with Council's prior agreement. Where a service is cancelled or application not approved by Council, a full or partial refund of fees is at the sole discretion of Council; and*
- 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.*

Applicant Signature**Date****SUBMISSION AND PAYMENT OPTIONS**

Applications will not be processed until payment is received by Council.

IN PERSON at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.**EMAIL** to cemstaff@gladstone.qld.gov.au**POST** Gladstone Regional Council, PO BOX 29, GLADSTONE DC QLD 4680

Cheque or money order made payable to Gladstone Regional Council.

RECEIPT DETAILS (OFFICE USE ONLY)

Date:	Receipt number:	Amount Paid:	Cashier:
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