

Office:

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

Time:

Name:

RESERVATION 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 the reservation of a plot in a Gladstone Regional Council controlled Cemetery. Reservations will only be considered for a plot adjacent to where a close family member has been interred, requested by the Interment Rights Holder at the time of interment. 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 on (07) 4970 0700.

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
☐ Bororen Cemetery
☐ Rosedale Cemetery
Other _____

PLOT TYPE

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

APPLICANT / INTERMENT RIGHTS HOLDER DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Surname: _____ Given Names: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Email (optional): _____

Signature: _____

PLOT RESERVATION

Please record the allocated plot provided by Gladstone Regional Council.

Plot No / Location: _____

NEXT OF KIN / ALTERNATE CONTACT DETAILS

Details of the next of kin may be utilised when Council is unable to contact the Interment Rights Holder.

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

Surname: _____ Given Names: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Email (optional): _____

Office:

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Time:

Name:

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.*
- 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 full before Council will uphold the reservation. 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;*
- e) *I understand that the reservation fee does not include plot purchase or interment fees, which are applicable at the time of interment.*
- f) *I understand that the Council will charge an annual Reservation fee and if associated fees are not paid in full Council has the right to cancel the Reservation and make the selected plot available to use again; and*
- g) *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: