



<b>MSC – INTERNAL USE ONLY</b>	<b>MSC Application No:</b>	<b>MSC Doc Set ID No:</b>
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<b>Information about the NEW INTERMENT RIGHT HOLDER (must be a family member)</b>		
<ul style="list-style-type: none"> <li>Same as Applicant (if this box is checked then you do not need to complete details in this section)</li> </ul>		
Title:	Given Name:	Family Name:
Date of Birth:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

<b>Information about the FIRST RESERVEE (person 1 who may be interred in allotment)</b>		
<ul style="list-style-type: none"> <li>Same as New Interment Right Holder (if this box is checked then you do not need to complete details in this section)</li> </ul>		
Title:	Given Name:	Family Name:
Date of Birth:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

<b>Information about the SECOND RESERVEE (person 2 who may be interred in allotment)</b>		
Title:	Given Name:	Family Name:
Date of Birth:	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

<b>Information about the RESERVEE'S NEXT OF KIN or PERSONAL REPRESENTATIVE</b>		
<ul style="list-style-type: none"> <li>Same as New Interment Right Holder (if this box is checked then you do not need to complete details in this section)</li> </ul>		
Title:	Given Name:	Family Name:
Date of Birth:	Phone / Mobile:	
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

<b>APPLICANT DECLARATION &amp; SIGNATURE</b>		
<p><i>I declare that I have appropriate authority to submit this application. The information that I have supplied in this application is complete, true and correct. I have read the MSC Cemetery Terms and Conditions that apply to interment rights, interments and use of an allotment.</i></p>		
Name:	Signature:	Date:

**MAREEBA SHIRE COUNCIL – INTERNAL USE ONLY****MSC Application No:****MSC Doc Set ID No:**

Cemetery Name:

Cemetery Section:

Side:

Row:

Plot:

Beside the grave of:

Near the grave of:

**Certification**

Council Officer

Signature

Date

Physical certification of plot allocation (to be completed by **Parks and Gardens** staff): *I certify that the allocated plot number has been physically checked for availability.*

Certification of plot allocation against Council records (to be completed by **Customer Service** staff): *I certify that the allocated plot number has been assessed against Council records and that there is no conflicting data for the assigned plot.*

**Receipt Number:****Amount Paid:****Date Paid:**