

## APPLICATION TO SURRENDER OR TRANSFER AN INTERMENT RIGHT

*Privacy Statement - Council is collecting your personal information for the purposes of processing your application. Your information will be handled in accordance with requirements under the Information Privacy Act 2009 (Qld) and will not be used for any other purpose and will not be provided to any other entity without your express permission or unless required by law.*

- Please read the *MSC Cemetery Terms and Conditions* and *MSC Fees and Charges* prior to completing this form.
- Please ensure that all names are spelt correctly in this form.
- **Contact Council by phone 1300 308 461 before completing this application.**
- **Submit completed application by email: [cemeteries@msc.qld.gov.au](mailto:cemeteries@msc.qld.gov.au)**

**MSC – INTERNAL USE ONLY**

MSC Application No:

MSC Doc Set ID No:

### Information about the APPLICANT *(person requesting transfer or surrender)*

- I am the registered holder of the interment right
- I am the next of kin or personal representative of the registered interment right holder, please specify:
- Other, please specify:

Title:	Given Name:	Family Name:
Date of Birth:	Sex:     • Male                             • Female	
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

### Information about the REGISTERED INTERMENT RIGHT HOLDER

- Same as Applicant (if this box is checked then you do not need to complete details in this section)

Title:	Given Name:	Family Name:
Date of Birth:	Phone / Mobile:	
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

### Information about the CEMETERY, SECTION and ALLOTMENT

Cemetery Name:		
Cemetery Section:		
Side:	Row:	Plot:

### SURRENDER OR TRANSFER DETAILS

- I am applying to surrender the interment right to Mareeba Shire Council. *(Please provide reason below and sign the applicant declaration before submission)*
- I am applying to transfer the interment right to a family member of the current interment right holder. *(Please complete all following sections before submission.)*

Reason for Transfer or Surrender:

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**Information about the NEW INTERMENT RIGHT HOLDER (must be a family member)**

- Same as Applicant (if this box is checked then you do not need to complete details in this section)

Title:	Given Name:	Family Name:
Date of Birth:	Sex:	• Male                      • Female
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

**Information about the FIRST RESERVEE (person 1 who may be interred in allotment)**

- Same as New Interment Right Holder (if this box is checked then you do not need to complete details in this section)

Title:	Given Name:	Family Name:
Date of Birth:	Sex:	• Male                      • Female
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

**Information about the SECOND RESERVEE (person 2 who may be interred in allotment)**

Title:	Given Name:	Family Name:
Date of Birth:	Sex:	• Male                      • Female
Phone / Mobile:		
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

**Information about the RESERVEE'S NEXT OF KIN or PERSONAL REPRESENTATIVE**

- Same as New Interment Right Holder (if this box is checked then you do not need to complete details in this section)

Title:	Given Name:	Family Name:
Date of Birth:	Phone / Mobile:	
Residential Address:		
Mailing Address (if different from above):		
Email Address:		

**APPLICANT DECLARATION & SIGNATURE**

*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.*

Name:	Signature:	Date:
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**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:**