

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.
- Requests for interment must be received by Council no less than two (2) business days prior to interment.
- 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)**
- Interment dates and times are not confirmed until you receive a written response from Council.

**MSC INTERNAL USE ONLY**

MSC Application No:

MSC Doc Set ID No:

### Information about the DECEASED (to be interred)

Title:	Given Name:	Family Name:		
Date of Birth:	Date of Death:	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Residential Address:				
<ul style="list-style-type: none"> <li>• The deceased was a Mareeba Shire resident at the time of death OR previously lived in Mareeba Shire for at least ten (10) years.</li> </ul>				

### Information about the APPLICANT

*The applicant must be next of kin, personal representative of the deceased or right holder. You may be required to provide proof of your identity and evidence of your authority to make this application.*

Relationship to the deceased:

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

### Information about the INTERMENT

Interment Date:	Interment Day:
Start Time of Service or Graveside Ceremony:	

### CEMETERY LOCATION

- |             |                   |                 |                |
|-------------|-------------------|-----------------|----------------|
| • Almaden   | • Irvinebank      | • Mareeba New   | • Mount Molloy |
| • Chillagoe | • Kuranda         | • Mareeba Old   | • Watsonville  |
| • Dimbulah  | • Kuranda Heights | • Mount Carbine |                |

### CEMETERY SECTION

- |                                   |                             |                        |
|-----------------------------------|-----------------------------|------------------------|
| • Columbarium Ground              | • Lawn – Plaque on Beam     | • Vault – above ground |
| • Columbarium Wall – single niche | • Lawn – Headstone on Beam  | • Vault – below ground |
| • Columbarium Wall – double niche | • Mausoleum – free standing |                        |
| • Full Grave Slab                 | • Mausoleum - Wall          |                        |

<b>MSC INTERNAL USE ONLY</b>	<b>MSC Application No:</b>	<b>MSC Doc Set ID No:</b>
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<b>CEMETERY SECTION OPTIONS</b> ( <i>Mareeba New Cemetery Only optional</i> )			
• Catholic	• Muslim	• Protestant	• Angels Rest

<b>ALLOTMENT OPTIONS</b> ( <i>choose one</i> )
• Reserved allotment (please specify, you may be required to provide proof of an existing interment right)
• New allotment (next available allotment - an interment right will be issued as part of this application, in the name of the applicant)
• Second or subsequent interment, in the grave of (please specify):

<b>INTERMENT TYPE:</b>		
• Coffin - standard size	• Coffin – child, please specify dimensions:	
• Ashes	• Coffin – oversize, please specify dimensions:	
<b>FUNERAL SERVICE:</b>	• Graveside	• Church, please specify:

<b>FUNERAL DIRECTOR ARRANGING THE INTERMENT</b> ( <i>if relevant</i> )	
Company Name:	
Contact Name:	Phone / Mobile:
Email Address:	

<b>STONEMASON CONDUCTING WORKS IN RELATION TO THIS INTERMENT</b> ( <i>if relevant</i> )	
Company Name:	
Contact Name:	Phone / Mobile:
Email Address:	

<b>ADDITIONAL REQUIREMENTS</b>				
Equipment:	• One shelter	• Two shelters	• Chairs (10)	• Chairs (20)
Backfill:	• Council to backfill	• Hand backfill / shovels		
Other Special Instructions:				
<b>Is an additional reservation required?</b>	• No	• Yes – complete an Interment Right (Reservation) Application		

<b>APPLICANT DECLARATION &amp; SIGNATURE</b>		
<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 <a href="#">MSC Cemetery Terms and Conditions</a> that apply to interment rights, interment and use of an allotment.</i>		
Name:	Signature:	Date:

<b>FUNERAL DIRECTOR / STONEMASON DECLARATION &amp; SIGNATURE</b>		
<i>I declare that the information that I have supplied in this application is complete, true and correct. I am appropriately qualified and prepared to carry out the interment. I have read the <a href="#">MSC Cemetery Terms and Conditions</a> that apply to interment rights, interment and use of an allotment.</i>		
Name:	Signature:	Date:

**MAREEBA SHIRE COUNCIL INTERNAL USE ONLY**

<b>MSC Application No:</b>		<b>MSC Doc Set ID No:</b>	
Deceased Name:			
Cemetery Name:			
Cemetery Section:			
Side:	Row:	Plot:	
Interment Date:		Interment Day:	
Start time of the Service or Graveside Ceremony:			
<b>Pre-Interment Certification</b>	Council Officer	Signature	Date
Physical certification of plot allocation (to be completed by <b>Parks &amp; Gardens staff PRIOR</b> to funeral): <i>I certify that the allocated plot number has been physically checked for availability.</i>			
Certification of plot allocation against Council records (to be completed by <b>Customer Service Officer PRIOR</b> to funeral): <i>I certify that the allocated plot number has been assessed against Council records and that there is no conflicting data for the assigned plot.</i>			
<b>Post Interment Certification</b>	Council Officer	Signature	Date
Post Interment Inspection (to be completed by <b>Parks &amp; Gardens staff AFTER</b> the interment): <i>I certify that the plot number and all details for this interment were physically checked after the interment and are correct as shown on this form.</i>			
Post Interment (to be completed by <b>Customer Service Officer AFTER</b> the interment): <i>I have reviewed all data records for this interment (including any associated reserve data) and certify that they are correct as shown on this form.</i>			
<b>Notice of Disposal Number:</b>		<b>Date:</b>	
<b>Receipt Number:</b>		<b>Amount Paid:</b>	<b>Date Paid:</b>

**OPTIONAL ADDITIONAL INFORMATION ABOUT THE DECEASED**

*Provision of this information is not compulsory. Council often receives genealogy enquiries from the public. Any information that is entered onto this form in relation to the deceased may be released to the public because of enquiries received by Council.*

Place of Birth:

Mother's Name:

Father's Name:

Siblings Names:

	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female

Spouse's Names:

	• Male	• Female
	• Male	• Female
	• Male	• Female

Children's Names

	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female
	• Male	• Female

Profession / Occupation:

Cause of Death:

Religion:

Minister / Priest:

Other Information: