



INTERMENT REQUEST FORM

Please ensure the correct spelling of all names included in this form.

Information Privacy Act 2009 – Mareeba Shire Council is collecting your personal information to process this interment request. The information will be accessed only by authorised Council employees. Your information will not be given to any other person or agency unless you have given us permission, or we are required by law to do so.

To: Mareeba Shire Council Phone: 1300 308 461 Fax: 07 4092 3323 Email: Cemeteries@msc.qld.gov.au
Requests should be received no less than two (2) business days prior to the interment taking place. Contact Mareeba Shire Council (1300 308 461) immediately after this Interment Request Form has been submitted.
Interment dates and times are not confirmed until a response is received from Council.

MSC Application no:	MSC Doc set ID no:
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Information about the DECEASED

Mr	Mrs	Ms	Other	Family Name:
Male		Female		Given Names:
Date of Birth:			Date of Death:	Age at Death:
Residential Address of Deceased:				

Information about the NEXT OF KIN / APPLICANT / PERSONAL REPRESENTATIVE

Mr	Mrs	Ms	Other	Family Name:
Male		Female		Given Names:
Date of Birth:			Residential Address:	
Landline Ph:			Mailing Address (if different from above):	
Mobile Ph:				
Email:				

INTERMENT DETAILS

Interment Date:	Day:	Start time of the Service or Graveside ceremony:
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CEMETERY LOCATION

Almaden	Chillagoe	Dimbulah	Irvinebank	Kuranda
Mareeba New	Mareeba Old	Mt Carbine	Mt Molloy	Watsonville

SITE ALLOCATION

New Site	Reserved Site	Second or Third Interment
Muslim (Mareeba New only)	Beside the grave of:	In the grave of:
Catholic (Mareeba New only)		
Protestant (Mareeba New only)		
Angels' Rest (Mareeba New only)	Date of reservation:	

INTERMENT TYPE **FUNERAL SERVICE**

Coffin	Ashes	Graveside	Church (which church?)
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FUNERAL DIRECTOR/PERSON ARRANGING THE INTERMENT

Company Name:	
Contact Name:	Phone Number:
	Email:
Signature:	Date:

INTERMENT REQUEST FORM (Continued)			
MSC – INTERNAL USE ONLY			
MSC Application no:		MSC Doc set ID no:	
Deceased Name:			
Cemetery:			
Section:			
Side:	Row:	Plot:	
Interment Date:	Day:	Start time of the Service or Graveside ceremony:	
CEMETERY SECTION			
Full Grave Slab (with headstone)	Lawn – Plaque on Beam	Mausoleum (free standing)	
Single Niche (Columbarium Wall)	Vault below ground	Mausoleum Wall	
Double Niche (Columbarium Wall)	Vault above ground	Headstone on Beam	
ADDITIONAL REQUIREMENTS			
One Shelter	Two Shelters	Chairs (ten)	Chairs (twenty)
RESERVE REQUIRED			
No	Yes – Reservation Request Form must be completed.		
GRAVE SIZE			
Normal	Over Size	Child (dimensions):	Ashes
SPECIAL INSTRUCTIONS (ie hand fill grave):			
NAME OF STONEMASON CONDUCTING WORKS RELEVANT TO THIS INTERMENT:			
MAREEBA SHIRE COUNCIL – INTERNAL USE ONLY			
Pre-Interment Certification	Council Officer (Name)	Signature	Date
Physical certification of Plot Allocation (to be completed by Parks and Gardens personnel PRIOR to the funeral). 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 Officer PRIOR to the funeral). I certify that the allocated Plot Number has been assessed against Council records and that there is no conflicting data for the assigned plot.			/ /
Post Interment Certification	Council Officer (Name)	Signature	Date
Post Interment Inspection (to be completed by Parks and Gardens personnel AFTER the interment) 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.			/ /
Post Interment Inspection (to be completed by Customer Service Officer AFTER the interment) 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.			/ /
Receipt Number:	Amount Paid:	Date Paid:	

INTERMENT REQUEST FORM (Continued)

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

Parents' Names

Father:

Mother:

Siblings' Names

	Male	Female
	Male	Female
	Male	Female
	Male	Female
	Male	Female

Spouse's Name

	Male	Female
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Children's Names

	Male	Female
	Male	Female
	Male	Female
	Male	Female
	Male	Female
	Male	Female
	Male	Female

Profession / Occupation

Cause of Death

Religion

Minister / Priest

Any other relevant information
