

INTERMENT RIGHT (RESERVATION) APPLICATION

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**
- The interment right is not confirmed until a certificate is provided by Council.

MSC – INTERNAL USE ONLY

MSC Application No:

MSC Doc Set ID No:

Information about the APPLICANT (interment right holder)

Title:	Given Name:	Family Name:
Date of Birth:	Sex:	<input type="radio"/> Male <input type="radio"/> Female
Phone / Mobile:	Email Address:	
Residential Address:		
Mailing Address (if different from above):		

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

- 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:	<input type="radio"/> Male <input type="radio"/> Female
Phone / Mobile:	Email Address:	
Residential Address:		
Mailing Address (if different from above):		
<input type="checkbox"/> I am a current Mareeba Shire resident OR I have previously lived in Mareeba Shire for at least ten (10) years.		

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

Title:	Given Name:	Family Name:
Date of Birth:	Sex:	<input type="radio"/> Male <input type="radio"/> Female
Phone / Mobile:	Email Address:	
Residential Address:		
Mailing Address (if different from above):		
<input type="checkbox"/> I am a current Mareeba Shire resident OR I have previously lived in Mareeba Shire for at least ten (10) years.		

Information about the RESERVEE/S NEXT OF KIN or PERSONAL REPRESENTATIVE

- 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:	Email Address:
Residential Address:		
Mailing Address (if different from above):		

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CEMETERY LOCATION

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

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	

CEMETERY SECTION OPTIONS (Mareeba New Cemetery Only - optional)

• Catholic	• Muslim	• Protestant	• Angels Rest
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SPECIAL INSTRUCTIONS (Please indicate any special instructions regarding future use of the reserved plot)

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, interment and use of an allotment.

Name:	Signature:	Date:
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MAREEBA SHIRE COUNCIL – INTERNAL USE ONLY

Reservee 1:

Reservee 2:

Cemetery Name:

Cemetery Section:

Side:	Row:	Plot/s:
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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>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 Customer Service staff): <i>I certify that the allocated plot number has been assessed against Council records and there is no conflicting data for the assigned plot.</i>			

Receipt Number:	Amount Paid:	Date Paid:
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