



PRIVATE LAND 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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INTERMENT SITE - PROPERTY LOCATION INCLUDING LOT AND PLAN NUMBER

DESCRIPTION OF DISPOSAL OF HUMAN REMAINS

Existing interment on the property?	Yes	No
If yes, who is interred?		
How will the deceased be interred?		
New site	Second interment	Third interment
In ground	Vault above/below ground	Other

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:

PRIVATE LAND INTERMENT REQUEST FORM (Continued)				
MSC – INTERNAL USE ONLY				
MSC Application no:		MSC Doc set ID no:		
Deceased Name:				
Interment Site:				
Interment Date:		Day:	Start time of the Service or Graveside ceremony:	
GLOBAL POSITIONING SYSTEM (GPS CO-ORDINATES) OF INTERMENT SITE				
X		Y		
SPECIAL HISTORIC ASSOCIATION BETWEEN THE DECEASED AND THE LAND				
LAND OWNER DETAILS				
Mr	Mrs	Ms	Other	Family Name:
Male		Female		Given Names:
Date of Birth:			Residential Address:	
Landline Ph:				
Mobile Ph:			Mailing Address (if different from above):	
Email:				
PERMISSION FROM LAND OWNER				
Signature			Date	
PLEASE LIST ANY SUPPORTING DOCUMENTATION				
MAREEBA SHIRE COUNCIL – INTERNAL USE ONLY				
Receipt Number:		Amount Paid:		Date Paid:

PRIVATE 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
