

1. Your right to make this application:

Please tick the box that applies to you:

I am the Interment Holder of right.

Other, please explain:

Note: You may be required to provide to the Cemetery Administration Officer with proof of your identity and evidence of your authority to make this application (for example, a Certificate of Cemetery Services).

2. Applicant's details:

Title:	Given Names:	
Surname:		
Residential Address:		
Town/Suburb:		
State:	Post Code:	
Postal Address:		
Town/ Suburb:		
State:	Post Code:	
Home Phone:	Mobile Phone:	
Email Address:		
Relationship to the Deceased:		

3. Approval from holder of right:

If you are not the holder of right, please attach a signed copy of written approval from the holder of right for the works to be undertaken.

4. Details of the deceased person:

Title:	Given Names:	
Surname:	Also Known As:	
Date of Birth: / /	Date of Death: / /	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Maiden Name:
Marital Status:	Religion:	
Residential Address:		
Town/Suburb:	State:	Post Code:
Location of Birth:	Town/ Suburb of Birth:	
Location of Death:	Occupation during working life:	
Service Person:	Service Number:	

5. Death certification:

Please tick the box that applies and attach a copy to application:

Form 9 (QLD) Doctors Cause of Death Certificate or equivalent

Order for Release of Body for Burial or cremation (if applicable)

Death Certificate as registered with Births Deaths and Marriages

6. Details of the interment:

Day of the Week:	Date:
Committal or Graveside Service at Cemetery will commence at - time:	
Is this a private funeral? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Name of person conducting funeral service:	
Funeral Service Company Name:	Funeral Director Name:
Business Phone:	Email Address:

7. Details of interment site – Please tick the box that applies:

A. <input type="checkbox"/> New Interment Right	B. <input type="checkbox"/> Pre-Purchased Interment Right
C. <input type="checkbox"/> An opening of an exercised/existing Interment Right	D. <input type="checkbox"/> Pre-Purchased Ashes Interment Right
Name of Deceased previously interred:	
Additional burials in a re-opened grave will occur at the next available depth	
If first interment what depth required? <input type="checkbox"/> Triple <input type="checkbox"/> Double <input type="checkbox"/> Single	
Location Code:	

8.

9. Details of the vessel/container:

All vessels are to be measured with the handles down unless the handles are fixed. Vessels with a width of 900mm or greater, may incur an additional fee for the provision of shoring equipment and or an additional interment site to allow for an oversized an interment.

Length of vessel/container:	mm
Width of vessel:	mm
Height of vessel:	mm
Combined weight of vessel and deceased:	kgs

10. Declaration and applications obligations:

The Applicant and/or Holder of right must comply with all rules and regulations which may apply to the operation of the cemetery. TRC may vary its rules and regulations at any time and in any manner it deems appropriate.

Applicant:
I declare:

- a) The information I have supplied in this application is complete, true and correct.
- b) I have received and read the Terms and Conditions that apply to an interment and use of an interment site.
- c) I authorise TRC to inter the Deceased person specified in section 4 of this application in the specified interment site.

I acknowledge and accept that:

- a) the approval to inter a deceased person does not give me or any holder of right, property rights in the interment site.
- b) the interment right of an interment site may not be sold, transferred or otherwise dealt with except in accordance with the Terms and Conditions. Any refund of monies paid in relation to this application will be made in accordance with the Terms and Conditions.
- c) under the Terms and Conditions, TRC has a right to refuse to carry out an interment on reasonable grounds.

I agree and accept that TRC is not responsible or liable for any dispute arising from any Interment carried out in relation to this application. I hereby indemnify and hold harmless TRC, its servants, and agents, from any claims, actions, suits or demands arising from any Interments carried out in relation to this application.

I have read and understand the Cemetery Services Terms and Conditions

Applicant's Name (print in full)	Applicant's Signature (Sign only in the presence of a witness)	Date
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Witness: I certify that I witnessed the Applicant signing this application form.

Witness' Name (print in full)	Witness' Signature	Date
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