



**Business &  
Community Services**

# Southern Downs Regional Council

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61 Marsh Street, STANTHORPE QLD 4380

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## Application for Interment of Ashes

If you have any specific enquiries regarding fees or how to complete this form, please contact Council. Please complete this application in BLOCK LETTERS and tick boxes where applicable. Enter "N/A" if the question does not apply. Complete all sections unless otherwise stated.

### Applicant Details

Full Name(s) of Applicant:

Business Name:

Contact Name:

Position Title:

Street Address:

City:

State:

Postcode:

Postal Address:

City:

State:

Postcode:

Phone:

Fax:

Mobile Phone:

A/H Phone:

Email Address:

ACN or ABN (and ANZSIC code if applicable):

Registered for GST:

Yes:

☐

No:

☐

### Deceased Details:

Name of the Deceased:

Date of Death:

Age at Death:

Denomination:

Name of Minister to Officiate (if applicable):

What is the relationship of the applicant to the deceased?

Is a Reservation of an adjoining location required?

Yes

☐

No

☐

(If yes, please attach an Application for Reservation or Pre Need form)

<b>Interment Location:</b>	Cemetery Location:						
	Position of Interment:	Columbarium Wall		Grave		Garden	
	Other:						
	Location Detail (if known):						
	Date requested for Interment:						
Time requested for Interment:							

<b>Privacy Notice</b>	<p>The information on this form is collected for purposes related to deciding this application and monitoring compliance under the Information Privacy Act 2009 ('the Act'). This information may be stored in Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles Council's financial transactions and may be disclosed to other Local Government agencies, State government and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.</p>
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<b>Signature of Applicant</b>  <i>Complete if more than one Applicant.</i>	I, ....., certify that the above information and the information on the attachments, to the best of my knowledge, is correct.  Signature: ..... Date: .....
	I, ....., certify that the above information and the information on the attachments, to the best of my knowledge, is correct.  Signature: ..... Date: .....

<b>Office Use Only</b>	Date Received:	
	Receipt Number:	
	Fee Paid:	