

FORM 3 – Cemetery Application for Reservation of Grave

Part 1:- Request for Reservation of Grave NOTE - A minimum of 48hrs notice is required with each request.			Mount Isa Cemetery:	Camooweal Cemetery:
Part 1 of this form is to be filled out by the Undertaker and submitted to Council's Administration for approval. Fax: (07) 4747 3209 or Email: city@mountisa.qld.gov.au				
Applicant's Details				
Applicant Name:		Contact Person:		
		Contact Fax No:		
Postal Address:	Contact Phone No:			
Reservation Details				
Date of this Request:				
Name of Reservation:	Gender:			
Area of Reservation:	Lawn Section:	Conventional Area:	Columbar	ium
	Rose Garden:	Infant Section (Conventional Area):		
Comments:				
<u>Note:</u> All Exhumations require a written application by the Applicant. Approval can only be issued by the Chief Executive Officer or authorised delegate. Exhumations must be carried out by a suitably qualified Undertaker.				
OFFICE USE ONLY				
Received By:	Date:	Internal Reference No	umber:	
Amount: \$	GST: \$	Invoice No:		
Portion: Plot:	Grave No:	Batch ID:		
PRIVACY STATEMENT The information collected on this Form will be used by Mount Isa City Council in accordance with the processing or assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009). This information may be stored in the Council database. The information collected will be retained as required by the Public Records Act 2002.				