

<u>FORM 1</u> – Cemetery Application for Interment of Remains

	or Interment of R inimum of 48hrs not	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 prior to the interment Fax: (07) 4747 3209 or Email: city@mountisa.qld.gov.au							
Applicant's Details							
Company Name:			Contact Person:				
Contact Fax No:							
Postal Address:		Contact Phone No:					
Interment Details							
Date of this Request / Area of Interment Lawn Section: Conventional Area:							
Columbarium 🗌 Rose Garden: 🗌 Infant Section (Conventional Area):							
Name of Deceased:			Ge	nder:	Age:		
Date of Birth:	Date	of Death:		Occupation:			
Residence: Cause of Death:							
Details of Funeral:	Day of week		Date:	Mon	th: Y	ear:	
Time at Church:		Time at Ceme	tery:	Coffin	Size: mm	nx mm	
Minister:	linister: Delegation/Religion:						
	irst Interment			Grave: 🗌	Exhuma	tion:	
Type of Service:	Second Interment		Interment of Ashes Wall:		Reservation of a Grave:		
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:		Internal	Reference Num	ence Number:		Date:	
Amount: \$	GST:	GST: \$		Invoice No:			
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.							

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