



Cloncurry Shire Council

FRM – COR 1029-05

FORM 5 - APPLICATION FOR GRAVE LOCATION SEARCH

APPLICANT'S DETAILS

Name:	Contact Phone No:
Address:	Contact Fax No:
	Contact Email:

DETAILS OF DECEASED *(Fill in as much detail as possible)*

Surname:		Date of Birth:
Given Names:		Date of Death:
Other Names known by:		Date of Burial/ Interment:
Cemetery <i>(Please Circle)</i> :	Cloncurry Lawn Cemetery	Cloncurry 1 st Cemetery
	The Afghan Cemetery	The Chinese Cemetery
	Other:	Unknown
Comments:		
Signature of Applicant:		Date:

OFFICE USE ONLY

Portion:	Plot:	Grave No:
Received By <i>(Council Employee Name)</i> :		
Invoice No:	Receipt No:	
Date:		
Amount: \$		
Employee Signature:		

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