



# Cloncurry Shire Council

FRM – COR1029-01

## FORM 1 - APPLICATION FOR INTERMENT OF REMAINS

This form is to be filled out by the Undertaker and submitted to Council's Administration for approval prior to the interment Fax: (07) 4742 1712 or Email: [council@cloncurry.qld.gov.au](mailto:council@cloncurry.qld.gov.au)

### APPLICANT'S DETAILS

Contact Person:	Contact Phone No:
Postal Address:	Contact Fax No:
	Contact Email:

### INTERMENT DETAILS

Date of this Request:	Area of Interment: Cloncurry Lawn Cemetery
Name of Deceased:	Occupation:
Age:	Gender:
Date of Birth:	Date of Death:
Residence:	Cause of Death:

### DETAILS OF FUNERAL

Date:
Time at Church:
Time at Cemetery:
Delegation/Religion:
Minister to Officiate:
Coffin Size:            mm ×            mm ×            mm
Type of Service: <input type="checkbox"/> First Interment <input type="checkbox"/> Second Interment
Interment of Ashes: <input type="checkbox"/> Grave

<i>Comments:</i>
Signature (Representative or Undertaker):

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

**Please note that this form is to be submitted to the Council at least 3 days prior to the burial.**