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Application for interment into grave or mausoleum site

For all applications, you must:

- complete the form;
- complete any other forms relevant to your application;
- provide any mandatory supporting information identified on the forms as being required to accompany your application; and
- submit the applicable fee.

LOCATION	MOSSMAN CEMETERY	PORT DOUGLAS CEMETERY	PORT DOUGLAS CEMETERY			
	☐ Lawn Plaque	☐ Northern				
	☐ Beam Headstone	☐ Central				
	Monumental Section	Southern				
	□ North □ South	□ Beam □ Lawn				
Funeral Assistance ☐ Yes* ☐ No *Memorials are not permitted on Funeral Assistance plots						
ROW: PLOT:	Prepare plot for double					
Additional ashes for inurnment: ☐Yes* ☐ No ☐ If yes, Name: Relationship:						
*If yes, please complete form CM03 Ashes inurnment into existing grave and lodge with this application						
SECTION 1 - SERVICE DETAILS						
Service will be held: Graveside	☐ Church ☐	Name of Church:				
Date and time of service: /	/ : am/pm	Arrival time at cemetery: :	am/pm			
Officiating clergy/celebrant: Denomination:						
Coffin or casket dimensions:	mm(L)	mm(W)	mm(H)			
Does the family request a culturally sensitive burial service? If yes, please tick what is requested:						
Hand lowering of coffin: \square Hand backfill of plot: Partial backfill \square Full backfill \square						
Please note these requests will depend on conditions on the day						
Number of shade covers required: Number of chairs required:						
SECTION 2 – DECEASED'S DETAILS						
Family name:	Giver	name/s:				
Address:						
Date of birth:	Date	of death: Age:				
Male:	Occu	pation:				
Also known as:	Religi	on:				
Place of birth:	Place	of death:				
Mother's name:	Fathe	r's name:				
Maiden name:	Spou	se's name:				
Cause of death:	Issuin	g Doctor:				
Are additional reservations required? \Box Yes \Box No (If yes please complete form CM02 reservation application and lodge with this application)						

SECTION 3 - NEXT	OF KIN DETAILS			
Name:		Relationshi	p to deceased:	
Address:				
Contact details:	Phone:	Email:		
SECTION 4 - NEXT	OF KIN DETAILS			
Name:		Relationshi	p to deceased:	
Address:				
Contact details:	Phone:	Email:		
SECTION 5 – UNDE	RTAKER'S DETAILS			
Name of Undertak		Email:		
Representative's n	ame:	Phone:		
Signature:			Date:	
personal information held collecting your personal ir not disclose your person	ects and manages personal information I by us. The way in which the Council reformation in accordance with the <i>Locc</i>	nanages personal information is all Government Act 2009 so that we ess we are required to do so	activities, functions and duties. We respect the privacy of the s governed by the Information Privacy Act 2009 (Qld). We are we can assess and finalise your application. Generally, we will by law, or unless you have given us your consent to such our Information Privacy Policy.	
INTERMENT FEES				
Interment fee adult (plot reserved and paid in full)		full)	\$1,444.05	
Inurnment fee (ashes)			\$ 296.50	
Gravesite and interment fee			\$2,603.50	
Gravesite and interment fee in Children's Section		on	\$1,283.00	
Interment fee Child	dren's Section (infant under	one (1) year)#	\$ 626.00	
	_	e of one (1) year in Child	dren's Section, only interment fee applies.	
·	Iditional to interment fees.			
MAUSOLEUM FEES	•		A 755.00	
Entombment fee*		anlination to avant a mui-	\$ 766.00 ion to erect a private mausoleum at Mossman Cemetery, the	
	•	·	re. A building approval will be required	
	•	• •	oility to obtain advice regarding building	
•	. Please consult a suitably q	• • •	,	
OFFICE USE ONLY				
Ganger notified:	□Yes □No	Plot allocate	ed: 🗆 Yes 🗆 No	
Nautilus Aviation no	tified and service times conf	irmed: 🗆 Yes 🗆 No	Phone: 07 4034 9000	
Confirmed by:		Date:		
Email: <u>reservations</u>	<u>@nautilusaviation.com.au</u> ar	nd flights@nautilusaviat	tion.com.au	
Invoice no:		Date:		
BDM Registration L	egislative requirement is for bu	rial to be registered within	n seven (7) days	
Date registered:	Re	ference number:	Officer:	
Fee: \$	T200: Mc	ossman Cemetery	T201: Port Douglas Cemetery	
Receipt number:	Received	date:	CSO:	