

Application for inurnment of ashes

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
- submit the applicable fee

LOCATION	MOSSMAN CEMETERY	PORT DOUGLAS CEMETERY
	<input type="checkbox"/> Existing Grave	<input type="checkbox"/> Existing Grave
	<input type="checkbox"/> Memorial Garden	<input type="checkbox"/> Memorial Garden
COLUMBARIUM WALL (Mossman Cemetery Only): <input type="checkbox"/> Single <input type="checkbox"/> Double		
<i>Please complete CM05 Columbarium Wall Only Order Form</i>		
CEMETERY SECTION:	ROW:	PLOT:

SECTION 1 - SERVICE DETAILS

Will you arrange a service to be held or will family attend a private ceremony: No Yes *(if yes please complete service details below)*

Date & Time of Service: / / : am/pm Arrival time at cemetery: : am/pm

Officiating Clergy/Celebrant:

Measurement of Urn: **mm(L)** **mm(W)** **mm(D)**

Additional Reservation: Yes* No

*If yes, please complete form CM02 Application for reservation of cemetery site

Reservation in the name/s of:

SECTION 2 - DETAILS OF DECEASED

Family Name: Given Name/s:

Address:

Date of Birth: Date of Death: Age:

Male: Female: Maiden Name:

Also known as: Religion:

Place of Birth: Place of Death:

Mother's Name: Father's Name:

Spouse's Name: Occupation:

Cause of Death: Issuing Doctor:

OFFICE USE ONLY

Fee: \$ T200: Mossman Cemetery T201: Port Douglas Cemetery

Receipt Number: Received Date: CSO:

SECTION 3 - NEXT OF KIN

Family Name:	Given Name/s:
Address:	
Relationship:	
Contact Numbers/s: Home:	Mobile:
Is this person the Right of Burial Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Name:	Given Name/s:
Address:	
Relationship:	
Contact Numbers/s: Home:	Mobile:
Is this person the Right of Burial Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4 - UNDERTAKER DETAILS

Name of Undertaker:	Email:
Representatives Name:	Phone:
Signature:	Date:

Douglas Shire Council – Privacy Collection Notice:
 Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by *the Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

INURNMENT OF CREMATED REMAINS (ASHES) FEES

Columbarium Walls – Single Niche	\$215.50
Columbarium Walls – Double Niche	\$432.00
Niche inurnment fee including Plaque	\$415.50
Inurnment into existing grave	\$208.00
Memorial Garden Section	\$307.00
Plaque installation – to existing beam or plinth	\$113.00
Plaque and flat plinth installation	\$256.50

BACK OFFICE USE ONLY

Plaque Ordered:	Plaque Received:	Site Allocated:	Installed:
Columbarium Wall			
<ul style="list-style-type: none"> • Fees applicable for purchase of either a single or double Columbarium Wall Niche • Columbarium Wall inurnment fees include supply of plaque with up to six lines of wording 			
Columbarium Wall Site:	Single Niche: \$	Double Niche: \$	
Niche Inurnment:	Plaque: \$	Plaque: \$	
	Total Payable: \$	Total Payable: \$	
Memorial Garden Site (230mm H X 140mm W)			
<ul style="list-style-type: none"> • Memorial garden plaques are to be ordered by the family/next of kin. • Installation fee is applicable 			
Memorial Garden Site:	Inurnment: \$	Plaque Installed: \$	
Inurnment into existing grave:	Inurnment \$	Plaque Installed: \$	

Columbarium wall only order form

Bronze memorial niche plaque

To Worsell and Company,

Please provide a proof and quotation for supply of bronze memorial niche plaque via return email. If you require any additional information regarding the plaque please contact Council (07) 4099 9444 or enquiries@douglas.qld.gov.au

Name of Deceased:

Please check the dimensions to ensure that the niche will accommodate the Urn

Niche size required: Single Niche (200h X 190w) Double Niche (280h X 190w)

Emblems (please select applicable)



Latin Cross



Celtic Cross



Star Of David



Masonic

Other (please specify)

Australian Service Emblems:

AIF

RAN

RAAF

Permission must be obtained from **Australian War Graves Commission. PO Box 2, Woden ACT 2606*

Inscription Required for the Plaque

PLEASE LEAVE A SPACE BETWEEN EACH WORD

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1																								
2																								
3																								
4																								
5																								
6																								

**Application subject to additional fees for extra lines, emblems and/or vase – refer Council's fees and charges*

"I verify the above inscription to be correct."

Family Name:

Given Name/s:

Address:

Contact Number/s:

Home:

Mobile:

Relationship:

Email: