

Surrender or transfer of cemetery reservation

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"/> Lawn Plaque	<input type="checkbox"/> Northern
	<input type="checkbox"/> Beam Headstone	<input type="checkbox"/> Central
	<input type="checkbox"/> Monumental Section	<input type="checkbox"/> Southern
	<input type="checkbox"/> Memorial Garden	<input type="checkbox"/> Memorial Garden
COLUMBARIUM WALL (Mossman Cemetery Only): <input type="checkbox"/> Single <input type="checkbox"/> Double		
ROW:	PLOT:	
The original owner of the grave, memorial site or niche may be represented by: <ul style="list-style-type: none">• The Executor of the estate of the original owner;• Their power of attorney; or• The next of kin nominated on the reservation form.		
Plots reserved prior to 1 July 2009 cannot be transferred and can only be surrendered		

SECTION 1 – GRAVE RESERVATION DETAILS

Customer Refund Request Form Required? ☐ Yes ☐ No
If yes, please complete **this section** If no, go to **Section 2**

Receipt number: Amount paid: Receipt date:

Name on receipt/paid by:

If applicable, I authorise / do not authorise (***please circle***) the administration fee of \$_____ to be deducted from the refunded amount. (Refunds will only be issued to the individual who made the payment, unless prior written authorisation is obtained from the payer).

SECTION 2 - ORIGINAL OWNER

Family Name: Given Name/s:

Address:

Date originally reserved: Receipt Details:

SECTION 3 - REASON FOR TRANSFER OR SURRENDER

OFFICE USE ONLY		
Fee: \$	T200: Mossman Cemetery	T201: Port Douglas Cemetery
Receipt Number:	Received Date:	CSO:

SECTION 4 - NEW OWNER

Family Name:

Given Name/s:

Address:

Date of Birth:

Next of Kin:

Next of Kin Address:

Next of Kin Contact Numbers:

Home:

Mobile:

DECLARATION

I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Applicant Signature:**Date:****Original Owner Signature:
(If applicable)****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.

An administration fee applies:**\$70.00****BACK OFFICE USE ONLY**

Refund Applicable: \$

☐ Payment Request form completed☐ Cemetery Register☐ Map Updated