



Goondiwindi Customer Service Centre: (07) 4671 7400
 Inglewood Customer Service Centre: (07) 4652 0200
 Texas Customer Service Centre: (07) 4653 2600

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 Email: mail@grc.qld.gov.au
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APPLICATION FOR A BURIAL – COFFIN OR CASKET

CEMETERY	<input type="checkbox"/> Goondiwindi <input type="checkbox"/> Inglewood <input type="checkbox"/> Texas <input type="checkbox"/> Yelarbon				
DETAILS OF DECEASED	Surname:		Given Name/s:		
	Date of Birth:		Date of Death:		
	Age:		Place of Birth:		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Late Residence:		
	Denomination:		Occupation or profession:		
	Documentation attached: <input type="checkbox"/> Form 9 Cause of Death Certificate or <input type="checkbox"/> Coroner's Certificate				
	Was the deceased a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Regiment Number					
NEXT OF KIN	Name:				
	Postal Address:				
	Phone Number:				
	Email:				
FUNERAL ARRANGMENTS	Date of Service:		If Grave Side Service Only – Tick box <input type="checkbox"/>		
	Officiating Minister/Celebrant:				
	Details of Church:		Set up time:		
	Time of service:		Time of grave filling:		
	Size of Coffin: <input type="checkbox"/> Infant / Child <input type="checkbox"/> Adult (<i>provide dimensions</i>): <small>All Graves are double depth, except infant or child graves that are dug shallower</small>				
GRAVE TYPE	Plot Location (<i>Office Use Only</i>):				
	Does the Deceased have a reserve grave? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If a second interment – Name of first interment:				
RESERVE DETAILS	Is an adjoining grave required? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Reserve Plot Location (<i>Office Use Only</i>):				
	Is the reservee intending to be interred in same grave as the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Surname:		Given Names:		
	Address:				
Email:		Phone Number:			
FUNERAL DIRECTOR	Name of Representative:				
	Company Name:				
	Phone Number:		Date:		
PRIVACY NOTICE	<i>Goondiwindi Regional council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.</i>				
OFFICE USE ONLY	Fees \$		Date Received:	Receipt No:	
	Plot Prefix:		Adjoining Reserve Plot Prefix:		
	Information: <input type="checkbox"/> Practical		<input type="checkbox"/> BDM	<input type="checkbox"/> Book	<input type="checkbox"/> Map