



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

Postal: LMB 7, Inglewood QLD 4387
Email: mail@grc.qld.gov.au
Web: www.grc.qld.gov.au

APPLICATION FOR A VAULT BURIAL

CEMETERY	<input type="checkbox"/> Goondiwindi	<input type="checkbox"/> Inglewood	<input type="checkbox"/> Texas	<input type="checkbox"/> Yelarbon
DETAILS OF DECEASED	Surname:	Given Names:		
	Date of Birth:	Date of Death:		
	Age:	Place of Birth:		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Late Residence:		
	Denomination:	Occupation / 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? Regiment Number <input type="checkbox"/> Yes <input type="checkbox"/> No			
NEXT OF KIN	Name:			
	Postal Address:			
	Phone Number:			
	Email:			
FUNERAL ARRANGEMENTS	If Grave Side Service Only – Tick box <input type="checkbox"/>			
	Date of Service:	Time of Service:		
	Details of Church	Time of sealing vault:		
	Officiating Minister or Celebrant:			
VAULT DETAILS	Vault Name	Row	Plot No	
DECLARATION	The family/applicant and contractors is responsible for ensuring that all requirements set out in Goondiwindi Regional Council's Statement of Principles are met. They must also arrange the opening and closing of the vault and bear all costs associated therewith.			
	I hereby confirm that the body has been embalmed, and: <input type="checkbox"/> The body has been placed in a hermetically sealed bag OR <input type="checkbox"/> The coffin is metal lined A copy of the embalming certificate and confirmation letter from either the supplier of the hermetically sealed bag or metal tray must be supplied with this application.			
APPLICANT'S DETAILS	Company Name:			
	Contact Name:			
	Address:			
	Phone Number:			
	Email:			
	Signature of Applicant:		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>			
FOR OFFICE USE ONLY	Fees \$	Date Received:	Receipt No:	
	Plot Prefix: <input type="checkbox"/> Practical	<input type="checkbox"/> BDM	<input type="checkbox"/> Book	<input type="checkbox"/> Map