



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](mailto:mail@grc.qld.gov.au)  
Web: [www.grc.qld.gov.au](http://www.grc.qld.gov.au)

## APPLICATION TO INTER ASHES IN A GRAVE SITE

<b>CEMETERY</b>	<input type="checkbox"/> Goondiwindi <input type="checkbox"/> Inglewood <input type="checkbox"/> Texas <input type="checkbox"/> Yelarbon							
<b>DETAILS OF DECEASED</b>	Full Name <i>(Including middle names):</i>							
	Date of Birth:	Date of Death:						
	Age:	Place of Birth:						
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Late Residence:						
	Denomination:	Occupation / profession:						
	Cause of Death:							
	Was the deceased a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Regiment Number:							
<b>NEXT OF KIN</b>	Full Name:							
	Postal Address:							
	Phone Number:							
	Email:							
<b>INTERMENT ARRANGEMENTS</b>	Date of Interment:	Time of Service:						
	Officiating Minister /Celebrant:	Time of grave filling:						
	Grave Details:	Section	Row	Plot				
<b>LOCATION DETAILS</b>	<table border="1"><tr><td><input type="checkbox"/></td><td>HEAD</td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td>FOOT</td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	HEAD	<input type="checkbox"/>	<input type="checkbox"/>	FOOT	<input type="checkbox"/>	<b>Please tick box for chosen location</b> <input type="checkbox"/> Head of grave left-hand side <input type="checkbox"/> Head of grave right hand side <input type="checkbox"/> Foot of grave left-hand side <input type="checkbox"/> Foot of grave right hand side
	<input type="checkbox"/>	HEAD	<input type="checkbox"/>					
<input type="checkbox"/>	FOOT	<input type="checkbox"/>						
Size of Ashes Urn: _____ cm (H) x _____ cm (D) x _____ cm (W)								
<b>PRIVACY NOTICE</b>	<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>							
<b>APPLICANT DETAILS</b>	Signature of Representative:		Date:					
	Company Name							
	Name of Representative:		Phone Number:					
<b>FOR OFFICE USE ONLY</b>	Fees \$	Date Received:	Receipt No:					
	Information: <input type="checkbox"/> Practical <input type="checkbox"/> Map							