|  |  |  |  |
| --- | --- | --- | --- |
|  | | | **Office Use** |
|  | | | *SITE ID:* |
| **Cemetery Detail** | | | |
| * Cooroy | * Pomona | * Tewantin | |
| Section: | Row/Garden: | Site: | |
| Transfering ashes to: | | | |

|  |  |
| --- | --- |
| **2. Details of deceased** | |
| Surname of deceased | Given names |
| Date of birth | Place of birth |
| Date of death | Place of death |
|  | Male / Female |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. Applicant details** | | | | | | |
| Surname | | Given names | | | | |
| Residential/Postal address | | | | | | |
| Suburb | | State | | | Postcode | |
| Business phone | A/H phone | | | Mobile | | |
| Email address | | | | | | |
| Relationship to deceased | | | | | | |
| **4. Declaration of applicant** | | | | | | |
| I hereby give permission to Noosa Council to remove the ashes and plaque from the above mentioned location. I declare that I am the burial rights holder or acting with the permission of the burial rights holder of the site. Removal of Ashes automatically relinquishes this site back to Noosa Council. I declare that the above information is correct in all respects, at the time of lodgement of this application with the Noosa Council. | | | | | | |
| Signed | | | Name | | | Date |

|  |  |
| --- | --- |
| **5. Fees** | |
| Removal of Ashes | $203.50 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6. Payment options** | | | | | | |
| In person | Noosa council Tewantin office: 8.30 am to 4.30 pm Monday to Friday (excludes public holidays). | | | | | |
| By mail | Cheque or money order to be made payable to: Noosa Council. | | | | | |
| 🞎 Cheque | 🞎 Money order | 🞎 Visa | | 🞎 Mastercard | |
| Card Number | | Expiry Date | Amount $ | |  |
| Name on Card | | Signature of Cardholder | |  | |
| Phone | | Is a receipt required? 🞎 Yes 🞎 No | | | |
| All payments made by credit card will incur a 0.50% surcharge (exempt of GST) to reflect the cost of fees charged for credit card transactions | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7. Collection of Ashes** | | | | | | |
| I, the applicant as named above, have received the ashes and plaque. | | | | | | |
| Applicant Signed: | | | Name | | | Date |
| Council Officer Signed: | | | Name | | | Date |
| **OFFICE USE ONLY** | | | | | | |
| Application No: | Amount Paid: | Receipt Date: | | Receipt No: | Initial: | Date stamp |
| **Account Mnemonic - *SELECT* -** COOROYCREMATE / POMONACREMATE / TEWANTINCREMATE | | | | | |