1. **TELEPHONE:** To book a grave site you **must** first contact Cemeteries on 0407 627 790
2. **EMAIL:** Confirmation of booking will be completed on emailing of this form to cemeteries@noosa.qld.gov.au
3. **NOTICE: A minimum 24 hours notice is required to be given for burial bookings**.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Cemetery** | | | | | | | | | | | |
| * Cooroy | * Pomona | | | | | | * Tewantin | | | | |
| * New grave | * Re-open grave | | | | | | * Reserved grave | | | | |
| * Child’s grave (under 2 years) | * Child’s grave ( 2 – 10 years) | | | | | | * Private Property | | | | |
| Previous Internment Name: | | | | | | | | | | | |
| **2. Deceased details** *– all details must be completed* | | | | | | | | | | | |
| Surname of deceased | | | | | Given names | | | | | | |
| Date of birth | | | | | Place of birth | | | | | | |
| Date of death | | | | | Place of death | | | | | | |
| Cause of death | | | | | Male / Female | | | | | | |
| Military details | | | | | | | | | | | |
| **3. Family Applicant details** | | | | | | | | | | | | |
| Surname | | | | Given names | | | | | | | | |
| Residential/Postal address | | | | | | | | | | | | |
| Suburb | | | | State | | | | | | Postcode | | |
| Business phone | | | A/H phone | | | | | | Mobile | | | |
| Relationship to deceased | | | | | | | | | | | | |
| **4. Funeral & Funeral Director details** | | | | | | | | | | | | |
| Date of funeral | | | | | | | | | | | | |
| Arrival time at cemetery: | | | | Funeral time at cemetery: | | | | | | | | |
| Family attendance | | | | * Yes | | | | | | * No | | |
| Dimensions of coffin | | | | * Standard | | | | | | * Other | | |
| Length | | Width | | | | | | Depth | | | | |
| Other requirements | | * Shade and chairs | | | | | | * Graveside service | | | | |
| Funeral Home: | | | | | | Funeral Director | | | | | | |
| Postal address | | | | | | | | | | | | |
| Business phone | | | A/H phone | | | | | | Mobile | | | |
| Email address | | | | | | | | | Fax | | | |
| **5. Declaration of applicants** | | | | | | | | | | | | |
| I/We, the applicant, declare that the above information is correct in all respects, at the time of lodgement of this application with the Noosa Council. Should any of the details given in relation to this application be changed in the future, the applicant shall advise the Council in writing prior to any such change being implemented. | | | | | | | | | | | | |
| Family applicant signature: | | | | | | | | | | | Date | |
| Funeral director signature: | | | | | | | | | | | Date | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | |
| Application no: | Invoice Amount: | | Invoice no: | | Date: |
| Cemetery | | Section | | Row | Site |