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| This is an application for the exhumation of a body. It is to be completed by a funeral director only, but must be signed by burial/ashes rights holder. | | | **Office Use**  *SITE ID:* |
| *Note: After you submit this application, you should not assume that the application has been granted until you receive written confirmation from Noosa Shire Council. If you have any queries, please contact us.* | | | *INT* |
| **Cemetery Detail** | | | |
| * Cooroy | * Pomona | * Tewantin | |
| Section | Row | Site | |

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. Funeral Director details** | | | | | | | | |
| Surname | | | Given names | | | | | |
| Residential/Postal address | | | | | | | | |
| Suburb | | | State | | | Postcode | | |
| Business phone | | A/H phone | | | Mobile | | | |
| Email address | | | | | | | | |
| Relationship to deceased | | | | | | | | |
| **4. Burial Rights Holder details** | | | | | | | | |
| Surname | | | Given names | | | | | |
| Residential/Postal address | | | | | | | | |
| Suburb | | | State | | | Postcode | | |
| Business phone | | A/H phone | | | Mobile | | | |
| Email address | | | | | | | | |
| Relationship to deceased | | | | | | | | |
| **5. Exhumation details** | | | | | | | | |
| Date of exhumation: | | | Day of exhumation: | | | | Time of exhumation | |
| Body to be transferred to: | Cemetery Name: | | | Section: | | | Row: | Site: |
|  | Other Location: | | | | | | | |
| Funeral Director: | | | | | | | | |
| **6. Reason for the exhumation** | | | | | | | | |
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| **7. Fees** | |
| Exhumation | $8580.00 |
|  | |

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| **8. Declaration of applicant** | | |
| I declare that the information I have supplied in this application is complete, true and correct. I declare that I have a legal right to authorise the exhumation of the body. I hereby request and authorise that Noosa Shire Council exhume the body of the deceased person specified in section 2 of this application. I have obtained all necessary permissions and consents required by law and am authorised to make this application. I agree and accept that Noosa Shire Council will not be held responsible or liable for any dispute arising from any exhumation carried out under this application. I hereby indemnify and hold harmless the Noosa Shire Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumation carried out under this application. | | |
| Funeral Director Signed: | Name | Date |
| Burial Rights Holder Signed: | Name | Date |
|  |  |  |
| **9. Attached Documentation – *must be included with application*** | | |
| 🞎 copy of approval from DERM | | |

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| **10. 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 | 🞎 Mastercard | 🞎 Visa |
| 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.* | | | | |

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| **OFFICE USE ONLY** | | | | | | | |
| Application No: | Amount Paid: | Receipt Date: | Receipt No: | | Initial: | | Date stamp |
| **Account Mnemonic - *SELECT* -** COOROYBURIAL / POMONABURIAL / TEWANTINBURIAL | | | | | | |
| Cemetery: | | Section: | | Row: | | Site: |
| 🞎 Update BDMs | | | | | | |