

Cemetery Service Request Form

Privacy Notice: Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

This form is to be completed when a Funeral Director wishes to arrange a burial service, or when an individual wishes to organise ashes, chapel or garden services at one of Rockhampton Regional Council's cemetery locations. Applications must be submitted no less than two business days prior to the required date and time of the service. Contact Cemeteries on 4936 8374 or via MemorialGardens@rrc.qld.gov.au for further information.



P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: www.rrc.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Deceased Person Details		
Full name:		
Date of death:	Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion:	
Service Details <i>(please leave the 'Section', 'Row' and 'Grave no' fields blank if you are unsure of these details)</i>		
Type: <input type="checkbox"/> Ashes <input type="checkbox"/> Burial <input type="checkbox"/> Chapel <input type="checkbox"/> Other <i>(please specify):</i>		
<input type="checkbox"/> New plot/niche <input type="checkbox"/> Pre-purchase of plot/niche <input type="checkbox"/> Re-open plot/niche <i>(complete details below)</i>		
Name of last interment:	Date:	
Location: <input type="checkbox"/> Memorial Gardens <input type="checkbox"/> North Rockhampton Cemetery <input type="checkbox"/> Mount Morgan Cemetery <input type="checkbox"/> Gracemere Cemetery <input type="checkbox"/> Bajool Cemetery <input type="checkbox"/> Other <i>(please specify):</i>		
Section:	Row:	Grave number:
Day/date:	Time of arrival: <input type="checkbox"/> am / <input type="checkbox"/> pm	
Time of service: <input type="checkbox"/> am / <input type="checkbox"/> pm	Approximate duration of service:	
Setup Details <i>(applicable to all services – contact Cemeteries Administration Office for assistance if required)</i>		
Is a standard set up required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please provide details of the preferred setup:		
Interment Details <i>(only applicable to burial and ashes services)</i>		
Is a graveside service required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please specify):</i>		
Assistance Details <i>(only applicable to burial and ashes services)</i>		
Is assistance required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details of the assistance required: <i>(eg carry on)</i>		
Coffin Details		
Is the coffin of standard or non-standard size? <input type="checkbox"/> Standard <input type="checkbox"/> Non-standard <i>(provide dimensions below)</i>		
Length:	Width:	Height:
Refreshments <i>(only applicable to chapel services)</i>		
Are refreshments required at the service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Requests		

OFFICE USE ONLY	Register number:	A/C reference:
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Applicant Details		
Contact name:		
Postal address:		
Preferred contact number:	Email:	
Relationship to deceased person:		
Right of Burial Holder Details <i>(if not applicable) (please note a Right of Burial Holder is the lawful holder of the burial right. A burial right is the exclusive rights to a burial site, which is granted by Council)</i>		
Contact name:		<input type="checkbox"/> Same as applicant <i>(details above)</i>
Postal address:		
Preferred contact number:	Email:	
Relationship to deceased person:		
Proof of ID <i>(please supply proof of ID for the Right of Burial Holder. a photocopy must be provided at the time of lodgement)</i>		
ID type:	ID number:	Expiry date:
Declaration <i>(to be completed by the Right of Burial Holder or the applicant if permission from the Right of Burial Holder has been received. For existing or reserved sites only)</i>		
I _____ declare that I am the legitimate holder of the Right of Burial for the site recorded on this form, or I have obtained and attached permission from the legitimate Right of Burial Holder to use the grave in question.		
Name:	Signature:	Date:
Witness:	Signature:	Date:
Funeral Director Details <i>(please leave this section blank if not applicable)</i>		
Organisation name:		
Contact name:		
Postal address:		
Preferred contact number:	Email:	
Funeral Director Declaration		
As funeral director, I have fulfilled all statutory requirements to allow burial of the deceased.		
Name:	Signature:	Date:
Supporting Documentation		
Please remember to provide the following supporting documentation when submitting this form:		
<input type="checkbox"/> Evidence of permission received from the Right of Burial Holder to use the grave in question.		
Fees and Charges		
Issue the invoice to:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Burial Rights Holder
		<input type="checkbox"/> Funeral Director
For a full list of fees and charges please refer to Council's Fees and Charges Schedule .		
Payment Information		
In person You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere or at the Memorial Gardens, 21 Hartington Street, North Rockhampton.		
By phone Contact Customer Service on 4932 9000 to make payment via credit card or debit.		