CASSOWARY COAST REGIONAL COUNCIL
PO Box 887
INNISFAIL QLD 4860
Ph: 1300 763 903
Email: enquiries@cassowarycoast.qld.gov.au

Approved Form 7.15: DISTURBANCE OF HUMAN REMAINS IN A CEMETERY

Applicable Law:
Cassowary Coast Regional Council Local Law No. 1 (Administration) 2022
Cassowary Coast Regional Council Local Law No. 7 (Human Remains and Cemeteries) 2022

Information Privacy Statement:
Your personal information has been collected for the purpose of assessing your Application for a Permit. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

- All names are to be correctly spelt throughout this form.
- Application is to be returned via email to: shared.cemetery@ccrc.qld.gov.au
- Approval of the Exhumation is not granted until written approval is received from Council.
- Fee information can be found via Councils website: Fees and Charges | Cassowary Coast Regional Council

APPLICANT details

Note: the applicant is the person responsible for making the application. The applicant is responsible for ensuring the information provided on all Cassowary Coast Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant. The applicant may be, for example, the driver of extraordinary traffic on a local government road.

Title:		Family Name:		Given Name:	
Phone / Mobile:		Email Address:			
Residential Address:					
Mailing Address (if different from above):					

DECEASED PERSONS details

Title:		Family Name:		Given Name:	
Date of Birth:		Date of Death:		Sex: ☐ Male	☐ Female
Residential Address:					
Cemetery Location of Deceased current remains:					
Section:		Row:		Plot:	Prefix:

NEXT OF KIN details

Title:		Family Name:		Given Name:	
Phone / Mobile:		Email Address:			
Residential Address:					
Mailing Address (if different from above):					

Council requires evidence of the relationship to the deceased prior to any approval of applications to disturb human remains within Cassowary Coast Regional Council cemeteries. Ensure you include the below documentation when submitting this application for assessment.

☐ Certified copy of the Death Certificate of the Deceased persons

☐ Statutory Declaration confirming consent to proceed from all relevant next of kin, including any surviving spouse, children, parents and siblings of the deceased.

Reason for disturbance of DECEASED REMAINS

EXHUMATION information							
Exhumation Function:	☐ Exhumation of Human Remains			☐ Exhumation of Cremated Remains			
Proposed Date:				Proposed Time:			
Name of Cemetery where remains are to be interred:							
Section:		Row:		Plot:		Prefix:	
Proposed Date:				Proposed Time:			

FUNERAL DIRECTOR information			
Company Name:			
Contact Name:		Phone / Mobile:	
Email Address:			
Has the Funeral Director agreed to complete the Exhumation if approved:	☐ Yes	☐ No	

STONEMASON information *(if applicable)* Note: A stonemason may be required to remove and reinstate memorial structures associated with the burial site. This assists in preventing damage during the exhumation process.			
Company Name:			
Contact Name:		Phone / Mobile:	
Email Address:			

APPLICANT DECLARATION & SIGNATURE					
I declare that the information provided within this application is true and correct and that I am the next of kin, burial rights holder, executor or otherwise authorised person entitled to make this application in relation to the deceased or cremated remains identified. I understand that approval of this application is subject to Council assessment, applicable legislation and supporting documentation requirements as determined by Council.					
Full Name:		Signature:		Date:	

FUNERAL DIRECTOR DECLARATION & SIGNATURE					
I confirm the funeral arrangements and exhumation details provided within this application are correct and will be undertaken in accordance with applicable legislative and operational requirements.					
Full Name:		Signature:		Date:	

CASSOWARY COAST REGIONAL COUNCIL INTERNAL USE ONLY							
Confirmation of DECEASED Name:							
Cemetery Exhumation is being undertaken at:							
Section:		Row:		Plot:		Prefix:	
Confirmed Date:				Confirmed Time:			

APPROVAL TO PROCEED			
I declare that this application has been assessed and sufficient supporting information has been provided to approve the exhumation in accordance with Council requirements and applicable legislation.			
Full Name:		Position:	
Signature:		Date:	

Criteria for Assessment of Application

General Criteria under *Local Law No. 1 (Administration) 2022*

Council must assess your application against the general criteria. To assist council's assessment, you must provide the following information as an attachment to this application:

1. if a separate approval under an Act, a law of the Commonwealth or the **planning scheme** is required, the separate approval has been granted and the conditions of the approval have been or will be complied with;
2. the proposed operation and management of the activity is adequate to protect public health, safety and amenity and prevent environmental harm;
3. the grant of the **permit** would be consistent with the purpose of any relevant local law;
4. the proposed operation and management of the activity would be consistent with any additional criteria prescribed for the activity under a local law;
5. the proposed operation and management of the activity would be consistent with **best practice management**;
6. if the application relates to trust land, the grant of the **permit** would be consistent with the terms and conditions of the trust;
7. if the application relates to a **prescribed activity,** the grant of the approval would be consistent with any requirements or criteria specified in the relevant Local Government Acts in relation to the approval or **permit**;
8. the granting of the **permit** is beneficial for the good rule and governance of the local government area;
9. the granting of the **permit** would not be detrimental to the good rule and governance of the local government area;
10. whether the applicant and **responsible person** are **suitable persons**.
11. whether the granting of the **permit** would be reasonable in the circumstances; and
12. whether an approval for the same or similar activity was given under the **repealed local laws**.

Additional criteria under *Local Law No. 7 (Human Remains and Cemeteries) 2022*

Council must assess your application against the additional criteria that apply to this activity specifically. To assist Council's consideration, please provide the following information as an attachment to this application:

13. evidence of the identity of the deceased person and the applicant's relationship (if any) with the deceased;
14. date of interment or inurnment;
15. cemetery of interment or inurnment;
16. provision of an allocated plot;
17. name and contact details of the recognized undertaker or other person performing the ceremony;
18. who will conduct the burial or inurnment; and
19. details as to how the proposed burial of human remain or, inurnment is to be undertaken.