CASSOWARY COAST REGIONAL COUNCIL
PO Box 887
INNISFAIL QLD 4860
Ph: 1300 763 903 Fax: (07) 4061 4258
Email: enquiries@cassowarycoast.qld.gov.au

PLAQUE PLACEMENT OR AMENDMENT APPLICATION

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.
- Phone Councils Cemetery Sexton prior to completing this form 1300 763 903
- Application is to be returned to Council via Councils Customer Service team and or email to: shared.cemetery@ccrc.qld.gov.au
- Ensure you have read the specification requirements prior to placement or amendment.

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.

Note: Invoices will be issued to the biller listed below. Payment must be received within 10 business days for the application to proceed. Applications not paid within this timeframe will lapse and require re-submission. Council accepts no responsibility should the requested plot become unavailable during the re-submission process.

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

SERVICE requirements

Please select the appropriate purpose for the application below.

☐ Placement of a plaque	☐ Removal of a plaque	☐ Amendment to a plaque

Section:		Row:		Plot:		Prefix:	

Will family or representatives be attending the plaque placement service: ☐ YES ☐ NO

If yes, please complete the special instructions section

Special Instructions *(if applicable)*

DECEASEDS details

Title:		Family Name:		Given Name:	
Phone / Mobile:		Email Address:			
Residential Address:					
Cemetery Location:					
Section:		Row:		Plot:		Prefix:	

☐ Lawn Plaque	☐ Single Niche	☐ Double Niche	☐ Wall Vault

NEXT OF KIN details:					
Title:		Family Name:		Given Name:	
Phone / Mobile:		Email Address:			
Residential Address:					
Mailing Address (if different from above):					
Relationship to the deceased persons:					

APPLICANT DECLARATION & SIGNATURE					
I declare that the information provided within this application is complete, true and correct.					
Full Name:		Signature:		Date:	

CASSOWARY COAST REGIONAL COUNCIL INTERNAL USE ONLY							
RESERVEE 1:				RESERVEE 2:			
Cemetery Location:							
Section:		Row:		Plot:		Prefix:	
Council Officer:		Signature:		Date:			
Admin Officer:		Signature:		Date:			