



Goondiwindi Customer Service Centre: (07) 4671 7400
 Inglewood Customer Service Centre: (07) 4652 0200
 Texas Customer Service Centre: (07) 4653 2600

Postal: LMB 7, Inglewood QLD 4387
 Email: mail@grc.qld.gov.au
 Web: www.grc.qld.gov.au

APPLICATION TO INTER ASHES IN A COLUMBARIUM NICHE

CEMETERY	<input type="checkbox"/> Goondiwindi <input type="checkbox"/> Inglewood <input type="checkbox"/> Texas <input type="checkbox"/> Yelarbon			
DETAILS OF DECEASED	Full Name <i>(Including middle names):</i>			
	Date of Birth:	Date of Death:		
	Age:	Place of Birth:		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	Late Residence:		
	Denomination:	Occupation / Profession:		
	Cause of Death:			
	Was the deceased a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Regiment Number:			
NEXT OF KIN	Full Name:			
	Postal Address:			
	Phone Number:			
	Email:			
INTERMENT ARRANGEMENTS	Date of Interment:	Time of Service:		
	Officiating Minister /Celebrant:	Time of grave filling:		
	Grave Details:	Section	Row	Plot
	<i>(Leave blank if not known)</i> If a Memorial Only (i.e. no ashes to be interred) Tick box <input type="checkbox"/>			
RESERVE DETAILS	Is an adjoining niche reservation required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Surname:	Surname:		
	Phone Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Email:			
	Postal Address:			
	Grave Details:	Section	Row	Plot
<i>(Leave blank if not known)</i>				
PRIVACY NOTICE	<i>Goondiwindi Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.</i>			
APPLICANT DETAILS	Signature of Representative:		Date:	
	Company Name			
	Name of Representative:		Phone Number:	
FOR OFFICE USE ONLY	Fees \$	Date Received:	Receipt No:	
	Information: <input type="checkbox"/> Practical <input type="checkbox"/> Map			