



**Thorak Regional Cemetery  
AT-NEED (Immediate use)  
Exclusive Right of Interment Application Form**

**TRC-FOR-017**

**Applicant Details**

Title and Full Name: .....

Residential Address: .....

..... Post Code: .....

Postal Address: ..... Post Code: .....

Phone Number: ..... Mobile Number: .....

Email: .....

Applicants relationship to intended user .....

**Details of whom the grave is intended for: -**

Title and Full Name: .....

Residential Address prior to death:

.....

..... Post Code: .....D.O.B / /

**At-Need- Immediate use**

<input type="checkbox"/> Cemetery fee		\$
<input type="checkbox"/> Interment fee		\$
<input type="checkbox"/> Extra depth		\$
<input type="checkbox"/> Chapel Hire	<input type="checkbox"/> Overtime	\$
<input type="checkbox"/> Other		\$
<input type="checkbox"/> Marquee Hire including 20 chairs	<input type="checkbox"/> Large 6x3m <input type="checkbox"/> Small 4x4m	\$
<input type="checkbox"/> Minus 10% Administration Fee (for-Litchfield resident)	—	\$
<input type="checkbox"/> Exclusive right of burial fee		\$10.00
<b>(Proof of residency required if a Litchfield resident)</b>	<b>Total payable</b>	<b>\$</b>

**\*\*Please note that all fees must be paid prior to interment\*\***

**Location details**

Section of Cemetery.....	Grave/Plot Number: .....
Is this a reserved plot <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a 2 <sup>nd</sup> Interment <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is there an existing monument <input type="checkbox"/> Yes <input type="checkbox"/> No



2nd Interment (complete if Extra Depth is requested)

Title and Full Name: .....

Postal Address: .....

..... Post Code: .....D.O.B / /

Relationship to Deceased:.....

I Declare that: (please tick)

- I am the executor or administrator of the estate of the deceased person. and/or
- I am the senior next of kin i.e. spouse/parent or legal guardian / child / sibling / other.
- I have the Authority for the use of the grave or hold the rights to the grave.
- I also acknowledge that it is my responsibility to advise of any changes to my contact details.
- I also acknowledge and understand that if the coffin is not interred by 4pm overtime fees will apply.
- I also acknowledge that the exclusive right holder/applicant has the authority to say who may be buried and what memorial is to be placed.
- I am aware that it is the exclusive right holder's responsibility to remove any existing monument to allow digging for a 2nd interment if applicable.

I, the applicant, have read and understood the information contained in the application and agree to accept these terms and conditions and confirm the information provided is true and correct.

*It can be an offence under the Burial and Cremation Act 2022 if you knowingly give misleading information or a document containing misleading information.*

Signature of Applicant: \_\_\_\_\_ Date / /

Signature of Witness: \_\_\_\_\_


Name of Witness \_\_\_\_\_

Address of Witness \_\_\_\_\_

\_\_\_\_\_

Contact phone number \_\_\_\_\_

PLEASE TICK THE RELEVANT PAYMENT METHOD:

- FUNERAL DIRECTORS ACCOUNT  CHEQUE ( No: \_\_\_\_\_ )
- BPAY  Biller code: 489 088 REFERENCE NO: Refer to code on the bottom of Invoice once issued.
- CREDIT CARD Please debit my: MASTERCARD or VISA (Please circle relevant one)

CARD NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXPIRY DATE: \_\_\_\_ / \_\_\_\_

SIGNATURE: .....