

Thorak Regional Cemetery Pre-Purchase (Future use) Exclusive Right of Interment Application Form

TRC-FOR-007

Applicant/Grantee Details (Details of the person who will be the holder of the exclusive right of burial)	
Title and Full Name:	
Residential Address:	
	Post Code:
Postal Address:	Post Code:
Mobile Number:Email:	
Do you the applicant, intend to be buried under this exclu	sive right of burial? □ Yes □ No
If Yes: Personal representative (Identify a person who will in the event of your death, act as your repr	esentative to exercise the exclusive right of burial on your behalf).
Title and Full Name:	
Residential Address:	
	Post Code:
Postal Address:	Post Code:
Mobile Number:Email:	
If No: Person/Persons to be buried under the exclusive (Specify the details of each person who will be buried at the burian	
Person 1	
Title and Full Name:	
Postal Address:	
	Post Code:
D.O.B / / Relationship to the applicant:	
Person 2 (if appliable)	
Title and Full Name:	
Postal Address:	
	Post Code:
D.O.B / / Relationship to the applicant:	

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Pre-Need - Future use excluding Interment & all other fee's.

☐ Cemetery fee	\$
□ Other	\$
☐ Minus 10% Administration Fee (for Litchfield residents)	_ \$
☐ Exclusive right of burial fee	\$10.00
(Proof of residency required if a Litchfield resident) Total payable	e \$
Please note that at the time of use, the interment and all other fees must be paid p	rior to interment
Cemetery Location Details	
Section of Cemetery Grave/Plot Number	:
Is this a reserved or on hold plot □ Yes □ No	
 □ 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 contac □ I also acknowledge that the exclusive right holder/applicant has the authority to say what memorial is to be placed. □ I am aware that it is the exclusive right holder's responsibility to remove any exist digging for 2nd interments if applicable. □ I am aware of the refund for the surrendered Pre-Purchased Exclusive rights of Buri I, the applicant, have read and understood the information contained in the application at 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 miss. 	who may be buried and ting monument to allow al fees. and agree to accept
a document containing misleading information.	
Signature of Applicant: Date /	/
Signature of Witness:	
Name of Witness Address of Witness	
Contact phone number	
PLEASE TICK THE RELEVENT PAYMENT METHOD:	
FUNERAL DIRECTORS ACCOUNT CHEQUE (No:)	
BPAY iller code: 489 088 REFERENCE NO: Refer code on bottom of Invoice	
CREDIT CARD Please debit my: MASTERCARD or VISA (Please circle relevant one)	
CARD NO: / / / EXPIRY DATE: /	
SIGNATURE:	

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