



**APPLICATION FOR INTERNMENT  
OF CREMATED REMAINS**

The Chief Executive Officer  
Bulloo Shire Council  
PO Box 46  
**THARGOMINDAH QLD 4492**

I hereby make application for the following Cremated remains to be interred in the  
.....Cemetery, in accordance with the undermentioned particulars.

Name of Deceased: .....

Date of Interment: .....

Date of Death: .....

Cause of Death: .....

Religion: .....

Date of Birth: .....

Age of Deceased: .....

Birthplace: .....

Occupation of Deceased: .....

Last Residence of Deceased: .....

Minister to Officiate: .....

**Remains to be interred in:**

Columbarium Section:..... Niche .....

Grave of: Name:.....

Section:..... Plot No:.....

Signature of Representative or Undertaker: .....

Signature of Council Representative: .....

*In accordance with the Shire's Local Law Policy, the Columbarium vessel's or Ashes receptacle's dimensions must not exceed 14cm x 12.5 for a single vessel/receptacle, and 37cm x 12.5cm for a double vessel/receptacle.*

I enclose the necessary fee

Plot \$65

Niche \$30

**OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_

Date \_\_\_\_\_

Receipt No. \_\_\_\_\_