



**Form to be returned to:**

**Email:** [townsville.cemeteries@townsville.qld.gov.au](mailto:townsville.cemeteries@townsville.qld.gov.au)  
**Postal:** Townsville City Council, PO Box 1268, Townsville Qld 4810  
**Phone:** 07 4727 9754  
**Address:** Belgian Gardens Cemetery, 56 Evans Street, Belgian Gardens

This is an application for the exhumation of a Deceased person's body or their cremated ashes in a Townsville City Council controlled Cemetery. This application form must be completed by person/s that has the authority to request the exhumation of the Deceased person's body or their cremated ashes. It is recommended prior to completing this form that discussions be held with Council about your intention to exhume.

**PRIVACY NOTICE**

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which Council manages personal information is governed by the *Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with *Local Government Act 2009* so that we can assess and process your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our [Information Privacy Policy](#).

## SECTION 1. APPLICANT EXHUMATION AUTHORITY

- I/we are the current Right of Burial holder/s of the plot where the deceased is interred.
- I am the legal representative or executor of the deceased person's estate (Right of Burial Holder).
- I am the nearest surviving relative of the deceased.
- Government Agency.

## SECTION 2. RIGHT OF BURIAL HOLDER/S DETAILS

**RIGHT OF BURIAL HOLDER 1.**

TITLE: GIVEN NAME/S: SURNAME:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

RIGHT OF BURIAL HOLDER 1 SIGNATURE: DATE (DD/MM/YYYY):

**RIGHT OF BURIAL HOLDER 2. (ONLY APPLICABLE IF THERE IS MORE THAN ONE LIVING RIGHT OF BURIAL HOLDER)**

TITLE: GIVEN NAME/S: SURNAME:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

RIGHT OF BURIAL HOLDER 2 SIGNATURE: DATE (DD/MM/YYYY):

## SECTION 3: DECEASED DETAILS (Please complete in BLOCK letters)

TITLE: GIVEN NAME/S: SURNAME:

DATE OF BIRTH (DD/MM/YYYY): DATE OF DEATH (DD/MM/YYYY): AGE:

DATE OF INTERMENT (DD/MM/YYYY): GENDER:

DENOMINATION/RELIGION: EXHUMATION DATE (DD/MM/YYYY):



## SECTION 3.1 EXHUMATION DETAILS

CEMETERY: BELGIAN GARDENS OTHER (PLEASE SPECIFY):

SECTION/SUBDIVISION: PLOT NO: EXHUMATION DATE (DD/MM/YYYY): EXHUMATION DAY: EXHUMATION TIME:

### FLOOR/LEDGER REMOVAL REQUIRED:

No Yes → Funeral Director/Family has engaged Monumentalist to remove by (DD/MM/YYYY):

Request Townsville City Council to remove, and invoice as per the *Fees and Charges*

### SPECIAL SERVICE REQUIREMENTS:

Chairs and tents required (an additional funeral setup/take down charge will apply. Please refer to current fees & charges)  
Private Service  
Other – Please Specify:

## SECTION 4. REASON FOR EXHUMATION (Please attach a separate page if additional space is required)

## SECTION 5. FUNERAL DIRECTOR

ORGANISATION: FUNERAL DIRECTOR:

ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER: PHONE NUMBER: EMAIL ADDRESS:

## SECTION 6: RE-INTERMENT LOCATION

CEMETERY/INTERMENT LOCATION: BELGIAN GARDENS OTHER (PLEASE SPECIFY):

IF THE DECEASED IS NOT TO BEING RE-INTERRED WITHIN A TOWNSVILLE CEMETERY, PLEASE PROVIDE DETAILS OF WHERE RE-INTERMENT WILL OCCUR:

## SECTION 4.1. RE-INTERMENT DETAILS (Applicable if re-interment is within a Townsville Cemetery)

INTERMENT TYPE: (PLEASE TICK ONE BOX) INTERMENT OF COFFIN INTERMENT OF ASHES

GRAVE TYPE: (PLEASE TICK ONE BOX) LAWN MONUMENTAL BABY LAWN ASHES

GRAVE/SITE DETAILS: SECTION/SUBDIVISION: GRAVE/SITE NO:

STATUS: (PLEASE TICK ONE BOX) NEW RESERVE (WITH INTERMENT) OPEN RESERVE  
RE-OPEN - NAME OF LAST PERSON INTERRED:

PLEASE INDICATE IF APPROPRIATE: TRADITIONAL BURIAL/SINGLE DEPTH – ACKNOWLEDGEMENT FORM REQUIRED) JUSTICE DEPARTMENT

ADDITIONAL RESERVATION REQUIRED NO YES (FORM 1 APPLICATION TO RESERVE FORM REQUIRED)

**\*\*ONLY COMPLETE SECTION 6 IN THE EVENT THE RIGHT OF BURIAL CERTIFICATE HOLDER IS NOT THE APPLICANT FOR THIS INTERMENT \*\***

## SECTION 6. APPLICANT FOR INTERMENT (IF APPLICABLE)

### APPLICANT 1.

TITLE: GIVEN NAME/S: SURNAME:

RELATIONSHIP TO THE DECEASED:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

### APPLICANT 2. (IF APPLICABLE)

TITLE: GIVEN NAME/S: SURNAME:

RELATIONSHIP TO THE DECEASED:

POSTAL ADDRESS:

SUBURB: STATE: POSTCODE:

MOBILE NUMBER WORK OR HOME PHONE NUMBER: EMAIL ADDRESS:

## SECTION 7. CERTIFIED DECLARATION

I/we declare that the information I/we have supplied in this application is complete, true and correct.

I/we declare that the information I have provided in this form is complete and correct. I understand that giving false or misleading information is a serious offence under section 234 of the *Local Government Act 2009*.

I/we declare that I am authorised to request the exhumation of the body of the Deceased person specified in section 3 of this application (or their cremated ashes). I hereby request and authorise Townsville City Council to exhume the body of the Deceased person specified in section 3 of this application (or their cremated ashes).

I/we have obtained all necessary permissions and consents required by law and are authorised to make this application.

I/we agree and accept that Townsville City Council is not responsible or liable for any dispute arising from any exhumation carried out in relation to this application. I/we hereby indemnify and hold harmless Townsville City Council, its servants, and agents, from any claims, actions, suits or demands arising from any exhumation carried out in relation to this application.

APPLICANT 1  
SIGNATURE: DATE (DD/MM/YYYY):

APPLICANT 2  
SIGNATURE (IF APPLICABLE): DATE (DD/MM/YYYY):

SIGNED AND DECLARED BY THE ABOVE NAMED

DECLARANT(S) AT: THIS: DAY OF:

BEFORE ME:

(SIGNATURE OF DECLARANT(S))

## SECTION 8. SURRENDER OF GRAVE/MEMORIAL SITE DECLARATION

Do you wish to retain the grave for future interment? Yes No (if you are surrendering plot please continue to section 8.1)



## SECTION 8.1: PAYMENT METHOD REQUESTED (Tick preferred method of refund payment)

Cheque (When two current Right of Burial Holders exist, 50% of buy back amount will be allocated to each Right of Burial Holder)

Direct Bank Deposit (When two current Right of Burial Holders exist, 50% of buy back amount will be allocated to each Right of Burial Holder)

### RIGHT OF BURIAL HOLDER 1.

ACCOUNT NAME:

BANK:

BSB:

ACCOUNT NO:

### RIGHT OF BURIAL HOLDER 2. (IF APPLICABLE)

ACCOUNT NAME:

BANK:

BSB:

ACCOUNT NO:

### ACKNOWLEDGEMENT

I acknowledge and accept that I, the Right of Burial holder/s, revoke all burial rights on the plot and request to surrender the above-mentioned grave/memorial site to Townsville Cemeteries following an exhumation being approved, and taking place.

I acknowledge Townsville Cemeteries will reimburse an amount of 90% of the original reservation price of the grave/memorial site to the Right of Burial holder/s detailed within Section 2 of this form.

For the full *Townsville Cemeteries Statement of Principles*, please visit: [townsville.qld.gov.au](http://townsville.qld.gov.au)

### CERTIFICATE HOLDER 1

SIGNATURE:

DATE (DD/MM/YYYY):

### CERTIFICATE HOLDER 2

SIGNATURE (IF APPLICABLE):

DATE (DD/MM/YYYY):

### CONDITIONS OF APPLICATION

#### APPLICATION FOR CREMATION PURPOSES

Approval for authorising exhumation of remains for Cremation purposes will not be considered unless this application is accompanied by;

1. Written confirmation from a recognised undertaker that he/she is prepared to carry out the exhumation,
2. Written consent to the proposed exhumation by the nearest living relative to the deceased, and
3. A certified copy of the Death Certificate

#### APPLICATION FOR RE-INTERMENT PURPOSES

Approval for authorising exhumation of remains for re-interment purposes will not be considered unless this application is accompanied by;

1. Written confirmation from a recognised undertaker that he/she is prepared to carry out the exhumation,
2. Written consent from the current Right of Burial Holder or the nearest living relative (per the QLD succession act) to the proposed exhumation by the nearest living relative to the deceased,
3. A certified copy of the Death Certificate, and
4. Lodgement of the details of the new burials place where the reinterment is to take place.

#### ADDITIONAL SITE CONDITIONS:

- Townsville City Council to provide shoring and ensure gravesite is screened from public view.
- Funeral Director to provide Council a copy of their risk assessment prior to the exhumation.
- A site induction shall be carried out by Council Team Leader/Supervisor before exhumation commences.
- All attendees to wear hard hats when working around the excavation equipment.
- Appropriate Personal Protection Equipment to be worn by all attendees (including employees of the Funeral Director) involved in the exhumation.
- The Council spotter has the authority to enforce the wearing of all PP&E as per risk assessment.
- An exclusion zone will be maintained by Council around the affected area during the course of the exhumation.

**Please note: The provision of all details identified above does not guarantee that an approval will be granted, and no approval will be granted if the remains were interred less than 12 months prior to this application.**