

Burial Consent Declaration

PLEASE NOTE: Council reserves the right to decline the application in its absolute discretion or to require the applicant to provide support information. **Collection notice:** The personal information provided will be used by Brisbane City Council or its agents for the purpose of processing your Burial Consent Declaration.

1	Grave details	4	4 Co	ntact details of burial rights holder/person applying r burial consent
	Cemetery			dress
	Portion Section Allotment			
	Name/s of person/s already buried in the grave			Postcode
			E-r	mail
2	Details of burial rights holder - original purchaser of burial rights <i>If known</i>		Ph	one no.
	Full name			
	Mr Mrs Ms Other			etails of person to be buried
	Surname/family name			
			M	Ir Mrs Ms Other urname/family name
	Given name/s			
			G	iven name/s
	Relationship to the person/s already buried in the grave			
			 ∆d	dress
	Is the burial rights holder deceased?			
	No Yes When and where buried or cremated			
				Postcode
	LI		Re	lationship to the person/s already buried in the grave
3	Details of person applying for burial consent			
	Are you the burial rights holder? No Yes 60 to 4		Re	lationship to the burial rights holder
	Full name			
	Mr Mrs Ms Other			etails of burial
	Surname/family name	'		
				ffin interment
	Given name/s		ASI	hes interment
	Relationship to the person/s already buried in the grave			
	Relationship to the person intended to be buried in the grave			
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7 Declaration

I am the burial rights holder

The burial rights holder is deceased

I act on behalf of the burial rights holder

Please provide copies of power of attorney

I do solemly declare that I have obtained the consent of direct descendants of the burial rights holder and/or deceased of the said plot for the interment of:

Name of person to be buried

Name

Signature

Date

8 Justice of the Peace/Commissioner of Declarations/Solicitor

Year

Declared and signed by the declarant before me.

Month

At Location

Day

Name

Title Justice of the Peace/Commissioner of Declarations/Solicitor

Signature

Office Use Only	
Burial Consent approval	
Approved Declined	
Council Officer's name	
Signature	
Date	
/ /	
Comments	