

This form will be used to record the acknowledgement of the receipt of ashes as detailed below - No Fee

1. Details of Person collecting or delivering ashes

Surname			
Given names		Date of birth	
Postal address			
Suburb		State	Postcode
Business phone	A/H phone		Mobile
Email address		Relationship to deceased	
Funeral Director			Ph

2. Details of deceased

Surname		Given names	
Date of birth		Date of death	
Cemetery name		Section	Row
		Grave#	
Services Required		Burial Rights Holder	
<input type="checkbox"/> Ashes for Interment <input type="checkbox"/> Removal of Ashes Reason _____ <input type="checkbox"/> Collection		Name Address	
Relationship to deceased		Contact Details	

3. Confirmation

Collection

I act with the full authority of the Burial Rights Holder/family of the deceased to collect the ashes BUR_____

Written authority is attached from the Burial Right Holder to collect the described ashes.

Delivery:

I act with the full authority of the Burial Right Holder/family of the deceased for the delivery of ashes for PLQ/BUR_____

Other.....

4. Declaration of Collection / Delivery

Person Delivering/Accepting Ashes - Print Name

Signature	Date
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Witness - Print Name

Signature	Date
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Privacy
 Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other Local Government Acts. Your personal information is only accessed by persons authorised to do so. Council may provide information about you to any relevant Queensland State Department. Your personal information is dealt with in accordance with council's privacy policy.

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