



**Thorak Regional Cemetery
Exclusive Right of Interment Application Form**

TRC-FOR-017

Applicant Details

Title and Full Name:

Residential Address:

..... Post Code:

Postal Address: Post Code:

Phone Number: Mobile Number:

Email:

Applicants relationship to intended user

Details to whom the grave or Burial Right is intended for

Title and Full Name:

Residential Address:

..... Post Code:

At-Need- Immediate use

| | | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------|-----------|
| <input type="checkbox"/> Cemetery fee | | \$ |
| <input type="checkbox"/> Interment fee | | \$ |
| <input type="checkbox"/> Extra depth | | \$ |
| <input type="checkbox"/> Chapel Hire | <input type="checkbox"/> Overtime (per hour or part thereof) | \$ |
| <input type="checkbox"/> Other | | \$ |
| <input type="checkbox"/> Marquee Hire | <input type="checkbox"/> Large <input type="checkbox"/> Small | \$ |
| <input type="checkbox"/> Minus 10% Administration Fee (for-Litchfield resident) | - | \$ |
| <input type="checkbox"/> Exclusive right of burial fee | | \$10.00 |
| (Proof of residency required if a Litchfield resident) | Total payable | \$ |

Pre-Need - Future use excluding Interment fee

| | | |
|---------------------------------------------------------------------------------|----------------------|-----------|
| <input type="checkbox"/> Cemetery fee | | \$ |
| <input type="checkbox"/> Other | | \$ |
| <input type="checkbox"/> Minus 10% Administration Fee (for Litchfield resident) | | \$ |
| <input type="checkbox"/> Exclusive right of burial fee | | \$10.00 |
| (Proof of residency required if a Litchfield resident) | Total payable | \$ |

****Please note that at the time of burial, the interment fee must be paid prior to interment****



Location and dimension Details

Section of Cemetery..... Grave/Plot Number:

Is this a reserved plot yes /no

Is this a 2nd Interment yes/no If yes, is there an existing monument yes/no

2nd Interment (complete if Extra Depths is required)

Title and Full Name:

Postal Address:

..... Post Code:

Relationship to Deceased:.....

I/We Declare that: (please tick)

- checkbox am the Executor of the Deceased's estate
checkbox am the Deceased's Spouse or Defacto
checkbox am the Deceased's Parent or Legal Guardian / Child or Children / Sibling or Siblings / Other (A Stat Dec stating that they agree with the wording and installation of the memorial is required by the second parent, all children and siblings.
checkbox have the Authority for the use of the grave or hold the rights to the grave
checkbox I also acknowledge that it is my responsibility to advise of any changes of address
checkbox I also acknowledge and understand that if the coffin is not interred by 4pm overtime fees will apply
checkbox I also acknowledge that the exclusive right holder/applicant has the authority to say who may be buried and what memorial is to be placed.
checkbox I am aware that it is the exclusive right holders responsibility to remove any existing monument to allow digging for 2nd interments.

I, the applicant, have read and understood the information contained in the application and agree to accept these terms and conditions and confirm the information provided is true and correct.

Signature of Applicant: _____ Date / /

Signature of Witness: _____

Name of Witness _____

Address of Witness _____

Contact phone number _____

PLEASE TICK THE RELEVANT PAYMENT METHOD:

- checkbox FUNERAL DIRECTORS ACCOUNT checkbox CHEQUE (No: _____)
checkbox BPAY Biller code: 489 088 REFERENCE NO: Refer code on bottom of Invoice
checkbox CREDIT CARD Please debit my: MASTERCARD or VISA (Please circle relevant one)

CARD NO: ____ / ____ / ____ EXPIRY DATE: ____ / ____

SIGNATURE: