

BLACKALL-TAMBO REGIONAL COUNCIL

All Correspondence to be addressed to the Chief Executive Officer PO Box 21, Blackall Q 4472

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INTERMENT OF CREMATED REMAINS BLACKALL / TAMBO - 2024/2025 - \$155.00 Working Day

Cremated remains to be interned in the **Blackall/Tambo** Cemetery is requested by the

| undersigned in accordance | with the u | ndermentioned pa | articulars | | | |
|---|--|------------------------|------------|----------|---------|--|
| Blackall / Tambo | | Deceased Grave Peg No. | | | Comment | |
| (Town Name) | | | | | | |
| I enclose the necessary fees | \$155.0 | 0 | | " | | |
| NAME OF DECEASED | | | | | | |
| Gender | | | | | | |
| Where born | | | | | | |
| Date of Birth | | | | | | |
| Date of Death | | | | | | |
| Denomination of Deceased | | | | | | |
| Late Residence of Deceased | l | | | | | |
| Cause of Death | | | | | | |
| Occupation of Deceased | | | | | | |
| Age of Deceased | | | | | | |
| Day of Interment | | | | Н | our | |
| What Grave are the Remai | ns to be in | terred with? | | | | |
| Grave Peg No | | Allotment | | S | ection | |
| Name | | | | | | |
| Representative Details | | | | | | |
| Name of Representative | | | | | | |
| Address | | | | | | |
| Phone | | | | | | |
| Email | | | | | | |
| Signature of Representative or Funeral Director | : | | | | | |
| | | | | | | |
| | | | | | | |
| Council Personnel Signatur | e | | Date | | | |
| OFFICE USE ONLY | | | | | | |
| Paid | Date | | | Rec. No | | |
| Enter into cemetery spreadsheet | | | | | | |
| Enter into Cemetery la | Enter into Cemetery layout spreadsheet | | | | | |
| Entered into Register | Entered into Register | | | | | |