Funeral Order Form

BARCALDINE REGIONAL COUNCIL

ID _____ Box _____

Use this form to obtain details of the deceased, their next of kin and service details to conduct a funeral.

Details of the Deceased Person

Surname | **Given Name** | **Title**

Date of Birth | **Place and Country of Birth**

Date of Death | **Age** | **Place of Death**

Usual Residence

Occupation | **Retired** ☐ Yes ☐ No

Religion | **Member of Society and/or Lodge**

Death Certified by | **Address**

Remains to be

☐ Interred ☐ Cremated ☐ Transported

Service Details

Date | **Time** ☐ am ☐ pm | **Location Address**

Clergyman | **Organisation**

Address

Cemetery | **Section** | **Row** | **Plot**

Advertisements

Authorisation Information

Order given by (name and relationship to deceased)

Account to (name and relationship to deceased)

Postal Address

Agreement

Surname | **Given Name** | **Title**

I hereby authorise the funeral to be carried out as per the above agreement.

Signature | **Date**

Privacy Statement: Barcaldine Regional Council is collecting your personal information for the purpose outlined on this form this document will be stored according to the *Privacy Act 2009* in a secure document management system as authorised under the *S.26 of the Public Records Act 2002, The Information Privacy and Other Legislation Amendment Act 2023 (IPOLA) and updates* for the disposal of common and administrative public records created by all public authorities.