

Request to Amend Cemetery Record Information



Applicant to complete. If you need assistance, please contact Council:

Cemetery Record No: _____ File No: _____

Requested by: _____

Name

Designation eg staff, family, other

Contact Details

Phone number: _____ Address: _____

Post code: _____

Email: _____

Where did you see the incorrect information?

Headstone

CODC Website

Information documented by Genealogy Researchers

NCS Record

Historic Records

Other _____

List incorrect information: _____

Recommended amendment: _____

Supporting Documentation

Supporting documentation of a Death Certificate may be requested by Council to be supplied by the applicant. If the Death Certificate does not support the applicant's request, a Birth Certificate may also be requested.

Please list below and attach copies of supporting documentation. **Do not attach original documents.**

Date of interment: _____ Date of death: _____

For Office Use Only

Amendment request reviewed by: _____
Name Parks and Recreation Administration Officer (sign)

Amendment request reviewed by: _____
Name Records Officer (sign)

Declined Reason: _____

Approved Amendments to be made: _____

All associated documentation loaded against the Cemetery Record

Parks and Recreation Administration Officer (sign) Date

Cemetery record changed by: _____ Date: _____
Parks and Recreation Administration Officer (sign)

Applicant advised of decision by: _____ Date: _____
Parks and Recreation Administration Officer (sign)