



Application for Ashes Interment

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Interment Number

Applicant to Complete:

Full name of deceased: _____ AKA _____

Last known address: _____

Maiden Name: _____ Religion: _____ Marital Status: _____

Date of birth: _____ Date of death: _____ Age: _____ Funeral/Cremation Date: _____

Next of kin or secondary interment right contacts: (Applicant details)

Applicant Name: _____

Address: _____

Ph: _____ Email: _____

Applicant to sign: _____

Plaque Details:

IN LOVING MEMORY OF

Draft Approved: Yes / No

Plaque Ordered: Yes / No

Plaque Received: Yes / No

Office Use Only:

Date of Ashes Interment: _____ Time of interment: _____ Service: Yes / No

Ashes Box size*: Small / Large Transfer of ashes required*: Yes / No

Remaining Ashes after Transfer: (complete if applicable)

Scatter remaining ashes in Garden: Yes / No Return remaining ashes to Family: Yes / No

Cemetery: Narromine / Trangie / Tomingley

Niche Location:

Remembrance Wall: _____ Row: _____ Niche: _____ Side: _____

Existing Grave Location:

Section: _____ Row: _____ Grave: _____

Are there existing monumental works:* Yes / No

(If YES please ensure family are advised that Council will not be held responsible for any damage caused by moving the headstone or ledger when an interment of ashes occurs)

*Circle Applicable

Continued on back

Office Use Only Continued:

Current Perpetual Right: Yes / No If Yes: Current Holder: _____

Niche: \$ _____ Plaque & Freight: \$ _____ Interment: \$ _____ TOTAL FEES: \$ _____

Invoice Issued: Yes / No

Cemetery Maintenance:

Ashes Interment Register: _____ Cemetery Register: _____ Word Register: _____ Computer: _____
S:\Financial & IT Services\Cemetery\ASHES INTERMENT REGISTER

Signed by Cemetery Operator:

Date: