

## Application for Ashes Interment

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Applicant to Complete:										
Full name of decea	sed:				AKA	4				
Last known address:	:									
				State	P/C	ode				
Maiden Name:						s:				
Date of birth:	Date	of death:		Age:	Funeral Da	te:				
Next of kin or secon	dary interment riç	ght contacts:	(Applicant	details)						
Applicant Name:										
A al alua a a .										
				_State	P/Co	de				
Ph:Email:										
Applicant to sign:										
<u>Plaque Details:</u>										
Draft Approved:	Yes / No									
Plaque Ordered:	Yes / No									
Plaque Received:	Yes / No									
Office Use Only:										
Date of Ashes Intern	nent:	Time of	interment	:	Service: Yes / No					
Ashes Box size*:	Small / Larg	ge	Transfer of ashes required*: Yes / No							
Remaining Ashes af	ter Transfer: (compl	ete if applicable)								
Scatter remaining a	shes in Garden:	Yes / No	Return re	emaining ash	es to Family:	Yes / No				
Cemetery*: Narron	nine / Trangie / To	omingley								
Niche Location:										
Remembrance Wal	l:		F	?ow:	Niche:	Side:				
Cemetery*: Narron	nine / Trangie / To	omingley								
Existing Grave Loca	tion:									
Section:		Ro	ow:		Grave:					
Are there existing m (If YES please ensure family are a any damage caused by moving *Circle Applicable	dvised that Council will not b	e held responsible for	r	on Headstone (if applicable)	e:					

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Interment Fee/Placement of Plaque: \$											
Invoice Issued: Yes / No											
Cemetery Maintenance:											