

Application for Ashes Interment

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Interment Number

Applicant to Complete:

Full name of deceased: _____ AKA _____

Last known address: _____

_____ State _____ P/Code _____

Maiden Name: _____ Religion: _____ Marital Status: _____

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

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

Applicant Name: _____

Address: _____

_____ State _____ P/Code _____

Ph: _____ Email: _____

Applicant to sign: _____

Plaque Details:

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 Name on Headstone: _____

(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) _____
(if applicable)

*Circle Applicable

Continued on back

Office Use Only

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: _____ OpusXc: _____
S:\Financial & IT Services\Cemetery\ASHES INTERMENT REGISTER

Signed by Cemetery Operator:

Date: