

APPLICATION FOR INTERMENT OF ASHES

Applicant Detai	ls:		
Full Name:			
Address:			Post Code:
Postal Address:			
Phone:		Mobile:	
Email:			
Relationship to Dece	ased:		
Deceased Detai	ls:		
Full Name:			
Date of Birth:	Date of Death:		
Age:			
Former Address:			
Religion:			
Cemetery / Loca	ation of Grave:		
Cemetery Name:			
Section:	i - Manarial Cander / Nicha		
Lot Number	i.e. Memorial Garden / Niche	e Wall / Burial Plot/ Other	
Interment Right	t Details:		
	w Interment Right for a new sit		
If yes, please complete the Application for New Interment Right and return to council with this form.			
OR			
Interment Right (Lease) already exists?Yes 🗆			
Interment Right (Lease) Number:			
Interment Right Ho	lder Name:		
Residential Address			
Postal Address (if diff			
	Ph: Mobile	:	
Email:			
Interment Deta	ils:		
Current location of ashes (i.e. family member/ funeral director):			
Does the family wish to be present when the ashes are interred? Yes No			
Is the plaque required <u>before</u> the ashes are interred? Yes I No I			
If Vos a Plaque Poques			
Plaque Request For	Form must accompany this form	Yes 🗖	No 🗆

11 Cadell Street (PO Box 21) Goolwa SA 5214 www.alexandrina.sa.gov.au T 08 8555 7000 F 08 8555 3603 E alex@alexandrina.sa.gov.au ABN 20 785 405 351 Note: All interments into <u>Niche Walls</u> require a plaque prior to the ashes being interred. NOTE: Interments of ashes are conducted between Monday-Friday 9am-4pm. A Council employee <u>must</u> be present at the time of interment. Council will contact you once this request has been processed to arrange a suitable date & time for the interment of ashes

I hereby authorise the above interment of ashes into the nominated Cemetery as detailed above and declare that all information provided on this form is true and accurate. Any accounts for the Interment of ashes or plaques (if applicable) are to be forwarded to the above applicant's postal address.

Applicant Signature: Date: