![T:\Works\Shire of Victoria Plains - Logo_Colour[low res].jpg]() Application Number:

**APPLICATION FOR PLACEMENT OF ASHES**

|  |
| --- |
| **Deceased Details** |
| Full Name |  | Gender |  |
| Address |  |
| Date of Birth |  / / | Age |  | Date of Death |  / / |
| Occupation |  | Place of Death |  |
| Originating Cemetery |  |
| Cremation Reference |  | Cremation Date |  / / |
| Place of Birth |  |  |

|  |
| --- |
| **Placement Details** |
| Grave Location |  |
| Other interment(s) |  |
| Family to attend? | Yes [ ]  No [ ]  | Location in grave | Head [ ]  Foot [ ]  Other |

|  |
| --- |
| **Grant Details** |
| Grant # |  | Expiry Date |  / / |
| Name |  | Contact Details |  |
| Address |  |
| Signature |  | Date |  / / |

As Grantee I hereby approve this placement to occur in the above-mentioned grave. Where the Grantee is unable to sign a Statutory Declaration must be completed.

|  |
| --- |
| **Applicant Details** |
| Name |  | Contact Details |  |
| Address |  |
| Signature |  | Date |  / / |

I hereby certify that I am the Applicant for this interment and have authority for the use of this grave

**OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| Ashes placement date |  / / | Received: Cert of Cremation [ ]  Death Certificate [ ]  |
| Burial Order Number |  | Register of Burials |  |
| Grant Number Issued |  | Date Issued |  / / | Grant Sent |  / / |
| Fees Applicable |  | Invoice/Receipt # |  |