 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 # |  | | |