

PERMIT FOR INTERMENT OF ASHES



Full Name of Deceased:	
Last Residence of Deceased:	
Occupation of Deceased:	
Date of Birth:	Gender: MALE / FEMALE
Date of Death:	Age:
Date of Interment:	
POSITION OF ASHES:	
<input type="checkbox"/> Columbarium <input type="checkbox"/> Loss & Grief Memorial	
Row:	Allotment:
<input type="checkbox"/> Gravesite To be interred with:	
Section:	Row:
<input type="checkbox"/> Declaration completed (see over)	Allotment:
Applicant:	
Current address of Applicant:	
Signature of Applicant/ Funeral Director	Date:
Name of Funeral Director:	
Please Note: This permit must be lodged with Council a minimum of two working days prior to the proposed date and time of the interment.	OFFICE USE <input type="checkbox"/> Map checked/updated <input type="checkbox"/> Alphabetical listing updated <input type="checkbox"/> Debtor Request completed <input type="checkbox"/> Computer records updated <input type="checkbox"/> Calendar invite sent

FOR INTERMENT OF ASHES INTO EXISTING GRAVE

PLEASE COMPLETE THIS DECLARATION

I certify that I have checked with all surviving immediate family members and have received no objections to the ashes being interred into the requested gravesite

(Complete details below):

Name of cremated person:	
GRAVE DETAILS:	
Row	
Plot	
Section	
Occupant of Grave	
Name:	
Address:	
Signed:	
Witness Name & Address:	
Witness Signature:	
Date:	