

Application for Interment of Ashes

Columbarium or Rose Garden



Applicant Details

Name of Applicant: _____

Postal Address: _____

Suburb/Locality: _____ State: _____ Postcode: _____

Deceased Person's Details

Full Name of Deceased: _____

Date of Birth: _____ Date of Death: _____ Date of Cremation: _____

Crematorium: _____

Cemetery: _____ Number of Ashes Receptacles: _____

Columbarium Rose Garden Plot/Niche _____
Please Tick

Signature of Applicant _____

Date: _____

The following documentation must be provided at the time of application:

Copy of Cremation Certificate Attached: *(Please tick)*

Copy of Death Certificate Attached:

Proof of Executorship Attached:

Interment Fee – Columbarium as per Council's current Fees and Charges (incl. bronze plaque 152x152mm with 8 lines text, and vase)

Interment Fee – Rose Garden as per Council's current Fees and Charges (incl. bronze plaque 152x152mm with 8 lines of text)

The Privacy and Personal information Protection Act 1998 (PPIA) provides for the protection of personal information and privacy of individuals generally.

The information collected on this form may be provided to other officers within Council to assist in assessing/determining your application.

Where provided for by legislation this information may also be passed on to other State and Commonwealth agencies and departments.

Office Use Only	Fee Paid: \$ <input type="text"/>	Date Received: <input type="text"/>
	Register No: <input type="text"/>	Receipt No.: <input type="text"/>

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