

**APPLICATION TO INTER ASHES
INTO A FAMILY GRAVE**

Deceased Details

Full Name: _____ Gender: _____

Address: _____

Date of Birth: ____/____/____ Age: _____ Date of Death: ____/____/____

Occupation: _____ Place of Death: _____

Marital Status: _____

Cremation Reference: _____ Cremation Date: ____/____/____

Placement Details

Cemetery & Plot No.: _____

Other interment(s): _____

Family to attend? Yes No Location in grave: Head Foot Other: _____

Grant Holder Details

Name: _____ Contact Details: _____

Address: _____

Signature: _____ Date: ____/____/____

As grantee I hereby approve this placement to occur in the above mentioned grave.

Application Details (If not grant holder)

Name: _____ Contact details: _____

Address: _____

Signature: _____ Date: ____/____/____

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

OFFICE USE ONLY

Ashes placement date: ____/____/____ Received Certificate of Cremation:

Grant Number: _____ Date Issued: ____/____/____ Grant Sent: ____/____/____

Fees Applicable: _____ Invoice/Receipt #: _____