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Application for Ashes into a Family Grave Form

Burial Number: _____

Deceased Details					
Full Name:				Gender:	
Address:					
Date of Birth:		Age:		Date of Death:	
Occupation:			Place of Death:		
Originating Cemetery:					
Cremation Reference:				Cremation Date:	

Placement Details						
Grave Number:						
Other interment(s)						
Family to attend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Location in grave	Head <input type="checkbox"/>	Foot <input type="checkbox"/>	Other
Date & time to attend interment:						

Grant Details			
Name:		Expiry Date:	
Email:		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:			
Email:			
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: Certificate of Cremation <input type="checkbox"/>	Death Certificate <input type="checkbox"/>
Burial Register Updated:		Plan updated:	
Grant Issued:	Date Issued:		Grant Sent:
Fees Applicable:		Invoice/Receipt: #	