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## Application for Memorial Plaque and Ashes into a Niche Wall Form

Application Number: \_\_\_\_\_

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

Placement Details	
Niche Location:	
Niche Number:	Single / Double:
Would you like to attend interment: Yes/No	Preferred Date and Time:

**Please note** – Internal Measurements (cm): SINGLE: 18.5cm(h) x 25cm(d) x 15.5cm(w) DOUBLE: 18.5cm(h) x 25cm(d) x25cm(w)

Applicant Details			
Name:			Contact Details:
Address:			
Email:			
Signature:			Date:

I hereby certify that I am the applicant for the interment and have the authority to act on behalf of the deceased.

### OFFICE USE ONLY

Date Application Received:		Received: Certificate of Cremation
Memorial/Ashes Placement date:		Plan updated/Computer updated:
Fees Applicable:		Invoice/Receipt