



Junee Shire Council  
 Belmore Street  
 (PO Box 93)  
 Junee NSW 2663  
 Ph: 02 6924 8100  
 Fax: 02 6924 2497  
 jsc@juneen.nsw.gov.au

# APPLICATION FOR INTERMENT OF ASHES IN CEMETERY

**Applicant Details:** (Please print)

Full Name: .....

Address: .....

..... Contact No: .....

I, the abovenamed, hereby apply for approval to inter Ashes in the.....

.....Section of the .....Cemetery

at ..... in Plot No: ..... Row: .....

on.....

(Proposed Interment Date)

.....  
 (Signature of Applicant)

.....  
 (Date)

**Details of Deceased:** (Please Print)

Surname: ..... Other Names:.....

Last Permanent Residence of Deceased: .....

.....Occupation: ..... Age:.....

Date of Birth: ..... Date of Death: .....

Cremated at ..... on .....

**Note: Cremation Certificate must be supplied with this Application.**

<i>Office Use Only</i>		
Fee: \$	Date Paid: .....	Receipt No. ....