

APPLICATION FOR INTERMENT OF ASHES IN COLUMBARIUM WALL



Applicant Details:

Full Name: Phone No.

Address:

I, being the applicant, hereby authorise the following interment and memorialisation.

Signature: Date:

Details of Deceased:

Surname: Other Names:

Last Permanent Residence of Deceased:

..... Occupation:

Date of Birth: Date of Death:

Date of Cremation: Location of Cremation:

Note: Cremation Certificate must be supplied with this Application.

Interment:

Requested Date for Interment (week days only): atam/pm

Note: The Columbarium Wall provides space for two receptacles, each being no larger than 19cm x 11cm x 8cm.

Charges:

Interment of Ashes (including Standard Bronze Plaque)

Bronze Vase (additional)

Office Use Only:

Date Paid:

Receipt No.

Attached is cheque/money order/ in the amount of \$.....

Alternatively, if you prefer to pay by credit card, please contact Council.

The exact wording of inscription to be used must be provided by the applicant in the space provided. (Maximum number of letters and spaces per line is 23).

eg: **JOHN JOSEPH BLANK**

DIED 25 JULY 2007

AGED 75 YEARS

If you require additional wording, or the inclusion of a motif or design, please contact Council's Customer Service Staff on (02) 6924 8100 and they can provide you with further information.