

INTERMENT PERMIT FOR PLACEMENT OF ASHES APPLICATION

TRIM: 1116

					TRIW. 1110						
APPLICA	ANT	TI	YOUR AUTHORITY TO MAKE THIS APPLICATION – Statutory Declaration								
Title	Full Name			0	I am the appointed Executor						
Address	3			re	l am the legal personal presentative of the deceased						
Phone		Email		O	Other please explain						
DETAILS OF THE PERSON WHO THE INTERMENT IS FOR											
Title (Mr/Mrs/Ms/Miss/Dr)			Full Name								
Address	5										
Date of I	Birth		Date of Death								
Age			Attending Doctor								
ACKNOWLEDGEMENT AND INDEMNITY											
Applicant signature:											
Witness name & Signature:											
Address:	•				Post code						

CREMATION DETAILS													
Crematorium													
Date of Cremation													
INTERMENT RIGHT DETAILS Select type of application and complete the details													
Burial without a previously approved Interment Right/Reservation Burial with existing approved Interment Right/Reservation													
Full name on Interme	nt Right	t											
Cemetery	Section			Row		Allotment number							
O Burial into a pre	viously	pened grave Are ther			e existing mor		numental works? YES / NO						
Full name													
Cemetery	Section			Row		Allotment number							
ALLOTMENT DETA	ILS												
Thirlmere Memorial Tree				container a		Tree number		Allotment number					
Bargo Memorial Tree	supplied	d by the Crematorio			,	Tree		Allotment					
Bargo McMonar Tree	request.					number Wall		number Allotment					
Thirlmere Niche Wall		must be decanted into the correct size contain of it into wall cavity prior to placement.			ainer			number					
Picton Niche Wall		ust be decanted into the correct size containe fit into wall cavity prior to placement.			ainer	Wall		Allotment number					
Picton Memorial Wall	same ss by	Wall		Allotment number									
Bargo Niche Wall	ainer	Wall		Allotment number									
Grave Allotment	fit into wall cavity prior to placement. y, Section & Lot no: deceased already interred:				Row		Allotment number						
PLACEMENT DETA		r deceded an eda	y micrica.										
Do family wish to be pres	sent at the	e ashes placemen	nt? YES / N	0									
·				-									
Current location of ashes Size/shape of container Note: Containers exceeding 18cm x 11cm not suitable for Niche walls													
PLAQUE DETAILS	for Nicl	he & Memorial	Walls or I	Memorial G	arde	n only)							
Please provide wording to characters, including spa	or plaque	(Note: Maximum	of 6 lines i	n order to re	tain b		h line a max	ximum of 28					
1.	ices, eg ii	VIVICIVION TOF =	= I LIII E X I.	2 Onaraciers	5).								
2.													
3.													
4.													
5.													
6													