

Application for Disposal of Ashes

Cemeteries Local Law 2010

Schedule 13 – Form 12

[Cl. 5.7(1)]

Application No:	_____
Surname of Deceased:	_____
Other Names:	_____
Occupation:	_____
Address:	_____
Religious Affiliation:	_____

Age:	_____	Date of Death:	_____
Date of Burial:	_____	Time of Burial:	_____
Areas:	_____	Section:	_____
Grave No:	_____	Depth of Grave:	_____
Length & Width of Grave:	_____		
Size of Ground:	_____	Grant No:	_____
Grave Type:	<input type="checkbox"/> First Interment	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Other interment application numbers:

Disposal details:

Name and address of administrator:

(Name)

(Address)

Signature _____ Date _____

Name of Minister of person officiating: _____

Signature: _____ Date: _____

Name of Funeral Director: _____

Signature: _____ Date: _____

Office Use Only:

Date cremation permit issued: _____

No. of cremation permit: _____

Receipt No: _____

Certificate of cremation prepared: _____

Letters re. disposal of ashes sent: _____

Ordered: _____

Completed: _____