

	APPLICATION TO INTERN ASHES INTO AN EXISTING GRAVE SITE	Form #	1.1071 / 2
		Reviewed:	10 Jan 2018

Date: ____ / ____ / ____ Cemetery: ☐ Ceduna ☐ Smoky Bay (please tick)

Name of Applicant: _____

Phone No. (____) _____ Mobile: _____

This application is for the authorisation to carry out the following work:

☐ Intern Ashes into an existing grave:

FULL NAME of Deceased: _____

Date Deceased: ____ / ____ / ____

Grave Location : Row/Path. _____ No. _____

Full Name of the Deceased Whos Ashes are Being Interned into the Grave Identified Above

DATE DECEASED ____ / ____ / ____

Location requested for interning the Ashes 1 2 3 4 5 6 (normally they commence top LHS)
(Please circle)

Type of grave:

- ☐ Earth
☐ Concrete top and Plinth
☐ Concrete and Marble top

Cover of grave:

- ☐ Blue metal gravel
☐ Marble chips
☐ Other:

HEAD STONE	
1	2
3	4
5	6

Signature of applicant: _____ Relationship _____

Work to be carried out by:

Name _____

Address _____

Phone No. (____) _____ Mobile: _____

Proposed dates to be completed: ____ / ____ / ____ to ____ / ____ / ____

Additional Information / comments:
