

APPLICATION TO PLACE ASHES

Applicant Details

Name of Applicant			
Address			
Phone Number		Email	
Relationship to Deceased			
Are you the Burial Right Holder?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, Name of Burial Right Holder		Contact Number	
Applicant Signature		Date	

Deceased Details

Surname		First Name/s	
Indigenous Language Name <i>(If Applicable)</i>			
Religion			
Date of Birth		Place of Birth	
Last Place of Residence			
Occupation			
Date of Death		Place of Death	
Death Certificate Number <i>(Please provide a copy)</i>			
Next of Kin			

Placement and Plaque Details

Placement of Ashes <i>(tick the relevant box)</i> <i>Please attach sketch if applicable</i>	<input type="checkbox"/> Covered Existing Grave <input type="checkbox"/> New Grave <input type="checkbox"/> Uncovered Existing Grave <input type="checkbox"/> Ashes to be Scattered Grave #: _____
If not in a cemetery, Proposed Location	
Name of Station Owner	
Has Pastoralist been contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only

Date Application			
Application	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Approved/ <i>Declined</i>	
Reason for Non-			
Name of Authorising		Signatur	
Cost		Receipt	
Grave Location	Yes <input type="checkbox"/> No <input type="checkbox"/>	Grave	Grid Ref
Date Entered into Burial		Date entered in Synergy	
Date Map updated			