



Application to Scatter Ashes in Cemetery (No Excavation)

Applicant Details

Company Name					
Given Names			Surname		
Address					
Home Phone		Work Phone		Mobile	
Email					

Details of the deceased

Given Names			Surname		
Last Address					
Place of Death				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Date of Death		Date of Scattering	
Age		Religion/Cultural Practice			

Location of Scattering

Cemetery			Monumental <input type="checkbox"/>
Section			Lawn <input type="checkbox"/>
Plot Number			Beam <input type="checkbox"/>
Location Sketch			

Applicant's acknowledgement/declaration

I acknowledge that all terms and conditions have been disclosed and explained to me and the details on this for are true and correct.

Signature

Date

Authorisation by Interment Right holder (if scattering on a grave)

Interment Right Number					
I hereby give permission for					
to scatter ashes of					

On the grave located in Plot		Denomination		Cemetery	
Given names					
Surname					
Address					

Signature of Right Holder

Date