

Form | 250.2020.5.3

Application for the Interment of Ashes

Public Health and Environment

Cemeteries and Crematoria Act 2013

Applicant

Name

Postal Address

Phone

Email

Relationship to the Deceased

Deceased Persons Details

Full Name

Last Known Address

Occupation

Age

Date of Birth

Gender

Date of Death

Denomination

Location

 Columbarium – Please complete all of Section 1

 Grave Site – Please complete all of Section 2

Section 1 – Columbarium (Niche Wall) Interment

Cemetery name

Niche Reference

Interment Date

Interment Time

Funeral Director/Monumental Mason

Address

Phone

Any other details

Section 1 - Additional Information - Columbarium's

- Prior to the erection of a plaque or memorial an Application for Erection of a Memorial must be approved by Council.
- Non-approved plaques or monuments are not permitted in any sections of Council cemeteries
- Plaques must be meet the current Council policy and procedures for plaques in Council cemeteries
- Plaque sizes vary and must be approved prior to ordering:
 - Jindabyne – Small 150 x205 , Large 150 x 340
 - Adaminaby & Gegedzerick – 240 x 320
 - Cooma – 220 x 330
 - Nimmitabel – 220 x 330
 - Bombala & Delegate – 152 x 203 Niche, Headstone 305 x 559
- Only a monumental mason or a person authorized by council is permitted to affix a plaque to the niche wall
- Plaques may only be erected on application and approval by Council.

Section 1 - Privacy Statement

The information you provide on this form is being collected by council for the purposes of assessing your application and may be disclosed to any relevant government agency. The information is required for assessment of your application, which may not be accepted or processed if all of the requested information is not provided. Your application will be included in a register that may be viewed by the public at any time. Please contact us if the information that you provided is incorrect, or has changed.

Section 1 - Signatures

I the applicant declare that all information provided to be true and correct, and that I have read and understood the information contained on this form.

Applicant Signature

Date

Section 2 - Gravesite Interment

Cemetery Name

Section

Religious Section

Plot Number

Interment Date

Interment Time

Occupied Grave Yes No

Name of Occupant

Note: to place ashes into occupied gave the applicant must be the next of kin or have written permission from the next of kin.

Funeral Director if applicable

Any other details

Section 2 - Additional Information – Grave sites

- Formal approval from Council is required prior to ashes being interred.
- Ashes can be placed into the grave without a funeral director present.
- Ashes must be buried at a minimum depth of 300mm to ensure full enclosure.
- Ashes must be no deeper than 600mm if grave is occupied
- Cemeteries excluding Cooma - With approval the applicant can undertake the works to inter ashes themselves – the indemnity at the bottom of this form must be read and signed.
- If the ashes are to be placed with a grave which has a full monument a monumental mason must be engaged at the applicant's cost.

Section 2 – Interment by Family Members – Grave sites - Indemnity

Please cross out if using a funeral director to inter ashes.

- I as the applicant request permission to inter ashes into the nominated gravesite and undertake the works myself.
- I as the authorized applicant am aware of the Council policy in relation to plaques and monuments for the respective cemeteries.
- I confirm that I will ensure that the ashes are placed at a depth of at least 300mm and will return the gravesite to its original status – return turf etc.
- I take full responsibility for all works undertaken during this time
- I take full responsibility for any damage caused to this grave and any surrounding monument
- I declare that all Work Health and Safety protocols will be undertaken during these works
- I relinquish Council from all responsibility of the interment of the ashes being placed into the gravesite.

I the applicant agree to the above conditions relating to the interment if ashes without a funeral director present

Applicant Signature	Date
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Section 2 - Privacy Statement

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Section 2 - Signatures

I the applicant declare that all information provided to be true and correct, and that I have read and understood the information contained on this form.

Applicant Signature	Date
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Office Use ONLY		
Paid \$	Receipt No:	Date Paid:
Authorised By		
Signature	Name	Date

For further information or assistance on completing this form please contact Council.

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Web: snowymonaro.nsw.gov.au