

Authority for Placement of Ashes

Cemeteries Act 1986

DETAILS OF DECEASED

Name: _____

Age at Death: _____ Date of Death: _____

Instructions for placement of ashes: _____

DETAILS OF APPLICANT

Total amount payable: \$ _____

If second interment, name of first interment: _____

Location (if known): _____

Name of Personal Representative: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Number: _____

Signature: _____ Date: _____

