GOYDER	**REGIONAL COUNCIL OF GOYDER** **APPLICATION FOR INTERMENT OF ASHES**	File:	16.16.3. .....
		Record:	
		Version No:	2.0
		Adopted:	24/09/2020
		Issued:	24/09/2020
		Next Review:	4/2022
		Responsibility:	Tech Services

DETAILS OF DECEASED Date___/___/_____

SURNAME _____ CHRISTIAN NAMES _____

DATE OF DEATH_____ AGE_____ LAST ADDRESS _____

DETAILS OF INTERMENT DATE OF INTERMENT___/___/___ CEMETERY LOCATION _____

SECTION NO. _____ ROW. No. _____ GRAVE No._____ DATE OF INTERMENT ____/____/_____

ASHES INTERRED ☐ IN AN URN OR OTHER VESSEL ☐ DIRECTLY INTO EARTH

OR

* INTERRED IN NICHE WALL (EUDUNDA OR BURRA) ☐ NICHE NO. _____

*FUNERAL DIRECTOR TO PROVIDE URN AND PLACE IN NICHE WALL.

*MONUMENTAL MASON TO FIX PLAQUE TO NICHE WALL.

DETAILS OF LICENCE NEW ☐ EXISTING ☐ DURATION OF LICENCE _____

NAME OF LICENCEE _____

ADDRESS OF LICENCEE _____

_____

DETAILS OF APPLICANT

SURNAME _____ CHRISTIAN NAMES _____

ADDRESS: _____

CONTACT (H) _____ (M) _____

*POSTAL ADDRESS FOR INVOICE: _____

***THERE IS A $20 FEE FOR REGISTRATION OF ASHES INTERRED. ALL INTERMENTS MUST BE REGISTERED WITH COUNCIL .IN ACCORDANCE WITH SECTION 37 OF THE BURIAL & CREMATION ACT 2013**

ACKNOWLEDGEMENT

I/We.....hereby declare reasonable care will be taken to limit the disturbance to the plot in which ashes are to be interred and acknowledge that the Regional Council of Goyder DOES NOT accept liability for damage caused to any monument through or as a result of such activity AND I accept responsibility for payment of the fees associated with this application.

SIGNATURE..... DATE ...../...../.....

OFFICE USE ONLY - ***REGISTRATION OF BURIAL***

Updated - Cemetery Plan ☐ Register Index ☐ Register Record ☐ Synergy ☐

Invoice – Number .....