



Application for Interment (Ashes)

This is an application for the interment of cremated ashes in a Brewarrina Shire Council controlled cemetery. Interment means the placement of a deceased person's cremated ashes in an interment site. An interment site is a grave, vault, crypt, mausoleum, niche, garden, etc. Approval to inter cremated ashes does not provide any property rights to the interment site, This application is required to be made by a person who has a legal right to authorize the interment.

Note: After you submit this application, you should not assume that the application has been granted until you receive written confirmation from Brewarrina Shire Council. If you have any queries, please contact Brewarrina Shire Council on 02 6830 5100.

1. Authority to make this application

- I am the executor of the deceased person's estate
- Other, please explain: _____

Note: You may be required to provide to the Administration officer of the Cemetery your proof of identity and evidence of authorisation to make this application (for example, a will)

2. Your Personal Details

Title: _____
 Last Name: _____
 First Name / s: _____
 Organisation (if Relevant) _____
 Phone: _____
 Fax: _____
 E-mail: _____
 Address: _____
 Suburb / Town: _____
 State: _____ Postcode: _____

3. Details of the deceased person

Title: _____
 Last Name: _____
 First Name / s: _____
 Date of Birth: _____
 Date of Death: _____
 Gender: _____
 E-mail: Male Female
 Religion: _____
 Last Address: _____
 Suburb / Town: _____
 State: _____ Postcode: _____

4. Death certification

I have attached one of the following documents:

- Death Certificate
- Order for Release of Body for Burial (including cremation)

5. Next of kin of the deceased person

Title: _____
 Last Name: _____
 First Name / s: _____
 Organisation (if Relevant) _____
 Phone: _____
 Fax: _____
 E-mail: _____
 Address: _____
 Suburb / Town: _____
 State: _____ Postcode: _____
 Relationship to Deceased Person: _____

Title: _____
 Last Name: _____
 First Name / s: _____
 Organisation (if Relevant) _____
 Phone: _____
 Fax: _____
 E-mail: _____
 Address: _____
 Suburb / Town: _____
 State: _____ Postcode: _____
 Relationship to Deceased Person: _____

Title: _____
 Last Name: _____
 First Name / s: _____
 Organisation (if Relevant) _____
 Phone: _____
 Fax: _____
 E-mail: _____
 Address: _____
 Suburb / Town: _____
 State: _____ Postcode: _____
 Relationship to Deceased Person: _____



Application for Interment (Ashes)

6. Details of the interment site

A. Please tick the box that applies to you.

This application to inter cremated ashes requires:

- A new interment site; or
- An existing interment site.

B. If this is an application to use an existing interment site, please supply details of interment site:

Name of the deceased
Previously interred: _____

Interment Date: _____

Interment Number: _____

Name of the deceased
Previously interred: _____

Interment Date: _____

Interment Number: _____

C. If this is an application for a new interment site, please provide details of the allocated site. If an interment site was previously allocated but you do not have the details, please speak to the administration officer of the cemetery.

Cemetery: _____

Section: _____

Row: _____

Allotment: _____

7 Details of the interment

Please register the interment as:

- Public - the interment will be listed on Brewarrina Shire Council's website.
- OR
- Public - the interment will not be listed on Brewarrina Shire Council's website.

What is the urn size?

Width: _____ mm

Height: _____ mm

Depth: _____ mm

What is the interment date: _____

What is the interment time: _____

What is the name of the person conducting the service: _____

Will the service be a graveside service (graveside Service means a service at the site of the interment:

- Yes
- No

8. Declaration:

I declare that the information I have supplied in this application is complete true and correct. I declare that I am authorised to request the interment of the deceased person's cremated ashes specified in section 3 of this application. I hereby request and authorise that Brewarrina Shire Council inter, within the boundaries of the specified interment site, the deceased person's cremated ashes specified in section 3 of the application, I acknowledge and accept that approval to inter a deceased person's cremated ashes does not provide any property rights to the interment site. I agree and accept that Brewarrina Shire Council will not be held responsible for liable for any dispute arising from any interment carried out under this application. I hereby indemnify and hold harmless the Brewarrina Shire Council, its servants, and agents, from any claims, actions, suits or demands arising from any interment carried out under this application.

Signature (sign only in the presence of a witness):

Name (Print Name): _____

Date: _____

Witness Details:

Note: this application may only be witnessed by a person who has seen the applicant sign this application. Witnessing the application is certification by the witness that the person signing the application is the applicant.

Signature (sign only in the presence of a witness):

Name (Print Name): _____

Date: _____

Address of witness: _____
