



APPLICATION TO INTER ASHES IN A GRAVE OR MEMORIAL GARDEN

Date of Application: _____

DECEASED DETAILS

Full Name of Deceased: _____

Last Place of Residence of Deceased: _____

Date when Death occurred: _____

Age at Time of Death: _____

Place where Cremation took place: _____

Date Cremated: _____ Please attach a copy of Cremation Record

DETAILS OF INTERMENT

Grave (Name): _____

Plot: _____ Row: _____ Number: _____

Memorial Garden: _____

Position Details: _____

PERSON MAKING APPLICATION

Full Name: _____

Occupation: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

I certify that these instructions comply with the directions of the Administrator within the meaning of the Cremations Act 1986 (the Administrator equates to Next of Kin).

Signature: _____ Date: _____

