



# APPLICATION FOR NEW/RENEWAL INTERMENT RIGHT

Application Start Date *(office use only)*:

## Applicant Details (for NEW interment rights this person will be the Interment Right Holder unless otherwise specified)

First Name: ..... Middle Name/s: .....

Last Name: ..... Date of Birth: .....

Address: .....

City: ..... State: ..... Postcode: .....

Mobile Phone: ..... Other Phone: .....

Email: .....

## Location Details

Name of Cemetery: .....

Area:  Burial Plot  Lawn Plot  Niche Wall Plot  Garden Plot

Plot Number: ..... Section: ..... Row: .....

## Term of New Interment Right or Renewal Period

50 years  100 years  In Perpetuity  Other (for renewal only): .....

## Interment Right Details (for renewal only)

I/R Number: ..... Commenced: ..... No. of Years: .....

**Please sign and return the completed form to:**

Adelaide Hills Council, PO Box 44, Woodside SA 5244, Ph: 8408 0400, Email: mail@ahc.sa.gov.au

SIGNATURE: ..... DATE: .....

### OFFICE USE ONLY

Location Code:		Start Date:	
Interment Right Sent: <input type="checkbox"/>	Signed PES returned: <input type="checkbox"/>	Entered: CMS <input type="checkbox"/>	MAPS <input type="checkbox"/>

Invoice to:				<input type="checkbox"/> Invoiced
<input type="checkbox"/> Interment Right	No. of plots:	@ \$	Term:	\$
<input type="checkbox"/> Application for Interment Right (new or renewal)				\$