



Adelaide Hills
COUNCIL

APPLICATION FOR BURIAL OR INTERMENT OF CREMATED REMAINS

Application Start Date *(office use only)*:

Name of Cemetery:		Graveside Service: <input type="checkbox"/> Yes
Burial Day/Date:	Burial Time:	

Deceased Persons Details

Full Legal Name:		
Last Known Address:		
City:	State:	Postcode:
Date of Birth:	Date of Death:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Authorised Persons Details

Full Legal Name:		
Address:		
City:	State:	Postcode:
Phone:	Email:	

Location / Interment Right Details

<input type="checkbox"/> A. Adelaide Hills Council to allocate location (complete Application for New Interment Right)
<input type="checkbox"/> B. Family to select new location (complete Application for New Interment Right & contact Council)
<input type="checkbox"/> C. Existing Interment Right (minimum 10 years remaining or extension will be required)

Plot:	Section:	Row:	Code <i>(office use only)</i> :
Interment Right No:	Start Date:	Term:	Extension Req: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Interment Right Holder:			
Authorised Person is Holder of Right (for existing): <input type="checkbox"/> Yes <input type="checkbox"/> No (Contact Council - Transfer may be required)			
Deceased to be buried at: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3			Ashes position:
Previous Interment/s: <input type="checkbox"/> Yes <input type="checkbox"/> No		Depth: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Ashes	
Name:			Date:

Company Details

Funeral Company:		Contact Person:	
Phone:	Email:		
Gravedigger:	Phone:	Booked: <input type="checkbox"/>	
Funeral Director Signature:			Date:

OFFICE USE ONLY

<input type="checkbox"/> Partial Certificate of Cause of Death				<input type="checkbox"/> Certificate of Identification of Deceased				<input type="checkbox"/> Name Plate sighted Initial:			
BURIAL	Gravedigger Booked: <input type="checkbox"/>	Pegging: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lawn restore: CASE:				<input type="checkbox"/> Calendar				
ASHES	Family attending: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Ashes to Council <input type="checkbox"/> On the day		Excess: <input type="checkbox"/> Return <input type="checkbox"/> Garden <input type="checkbox"/> N/A						
	<input type="checkbox"/> Standard Container	<input type="checkbox"/> Other	Ashes position (for burial plots): 1 2 3 4 5 6 7 8 9 10 TL TR								
	<input type="checkbox"/> Plaque ordered: DATE:			Curator Booked: CASE:				<input type="checkbox"/> Calendar			
ENTERED	CMS <input type="checkbox"/>	MAPS <input type="checkbox"/>	PES signed <input type="checkbox"/>	Invoice to:				<input type="checkbox"/> Invoiced			



APPLICATION FOR BURIAL OR INTERMENT OF CREMATED REMAINS

OFFICE USE ONLY

<input type="checkbox"/>	Interment Right	No. of plots:	@ \$	Term:	\$
<input type="checkbox"/>	Application for Interment Right (new or renewal)				\$
<input type="checkbox"/>	Application for transfer or surrender of Interment Right				\$
<input type="checkbox"/>	Application for a Burial				\$
<input type="checkbox"/>	Attendance at a burial: Monday to Friday				\$
<input type="checkbox"/>	Pegging				\$
<input type="checkbox"/>	Application for an Interment of Ashes				\$
<input type="checkbox"/>	Interment of ashes & plaque install: Monday to Friday				\$
<input type="checkbox"/>	Cutting & reinstatement of concrete floor (if required)				\$
<input type="checkbox"/>	Installation of plaque only (no ashes interment)				\$
<input type="checkbox"/>	Plaque				\$
<input type="checkbox"/>	Pedestal				\$
<input type="checkbox"/>	Bud Vase (for niche wall)				\$
<input type="checkbox"/>	Other:				\$
TOTAL					\$

NOTES