



SOUTHERN MALLEE DISTRICT COUNCIL

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Pinnaroo T 08 8577 8002

Lameroo T 08 8576 3002

ASHES INTERMENT INTO GRAVESITE APPLICATION

Details of deceased:

Surname (Mr/Mrs/Ms/Miss) _____ Given Names _____

Last Address _____

Age _____ Male / Female _____ Religion _____

Date of Death _____ Date of Birth _____

Site Details: Cemetery _____ Gravesite Row _____ Plot No _____

Interment Fee \$ _____ + Curator Fee \$ _____ Total \$ _____

Name of persons buried at site _____

Details - Urn / Container / Loose / Into Gravesite – directly into earth

Interment Details

It is Council policy that staff will not be present to place the ashes while the family are having a service. Council will prepare the site prior and return to close the site. The family or funeral director are to place the ashes in position during the service.

Interment date & time (preferred): _____

Will a service be occurring at the time of Interment: Yes / No

Council must sight the ashes container name plate and the cremation certificate (original or a certified copy) prior to allowing the ashes to be interred. Please visit the Pinnaroo or Lameroo Council Office prior to the interment to ensure this occurs. A copy of the certificate will be taken for cemetery records.

Time to sight the ashes container & cremation certificate: _____

Please indicate the Council Office you will attend: Lameroo / Pinnaroo

Interment Right Holder or Legal Representative

Interment Right No. _____

I _____ (Full Name)

of _____ (Address)

contactable at _____ (Phone) _____ (Email)

Warrant that I: (Please select one on the following)

- Am the person in whose name the Interment Right is issued. ☐
- Have written authority of the person in whose name the Interment Right is issued. ☐
- Am the legal representative of the Interment Right Holder. ☐

I do agree to indemnify and hold harmless the Cemetery Authority against any claims, actions, liability, loss or damage or expense arising to or against the Cemetery Authority in respect to the monument, the condition or repair of or damage to the monument, during the interment of the ashes into the gravesite.

Before Me _____

(Signature of witness)

(Signature of applicant)

Witness _____ (Print name of witness)

Office use only: Authorised by _____ Date: _____