SOUTHERN MALLEE DISTRICT COUNCIL

Telephone: 08 8577 8002
Email: council@southernmallee.sa.gov.au
Website: southernmallee.sa.gov.au

Address: Day Street, Pinnaroo
Postal Address: PO Box 49, PINNAROO SA 5304

INTERMENT BOOKING - ASHES

DETAILS OF DECEASED		
SURNAME:		Mr / Mrs / Ms / Miss
GIVEN NAMES:		
LAST PLACE OF RESIDENCE:	SUBURB:	POSTCODE:
DATE OF DEATH:		MALE / FEMALE
DATE OF BIRTH:	AGE:	RELIGION:

INTERMENT RIGHT HOLDER		**INTERMENT RIGHT NO:**
SURNAME:		Mr / Mrs / Ms / Miss
GIVEN NAMES:		
POSTAL ADDRESS:	SUBURB:	POSTCODE:
CONTACT PHONE:	EMAIL:	
SIGNATURE OF INTERMENT RIGHT HOLDER:		

SITE DETAILS

LAMEROO
Traditional
Columbarium Internal
Columbarium External

PINNAROO
Traditional
Lawn
Memorial Wall

PARRAKIE
Traditional
Columbarium Standard
Columbarium Pioneer

INTERMENT DETAILS	
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 photocopy 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
WOULD FAMILY LIKE THE FLAG TO BE HALF-MAST?	Yes / No
IS THERE AN EXISTING INTERMENT? NAME:	
DATE & TIME FOR INTERMENT (preferred):	
WILL A SERVICE BE OCCURING AT THE TIME OF INTERMENT?	Yes / No
TIME & LOCATION RECEPTION/WAKE (optional):	
FUNERAL DIRECTOR (optional):	

INVOICE TO
NAME:
POSTAL ADDRESS:
EMAIL:
PHONE NUMBER:

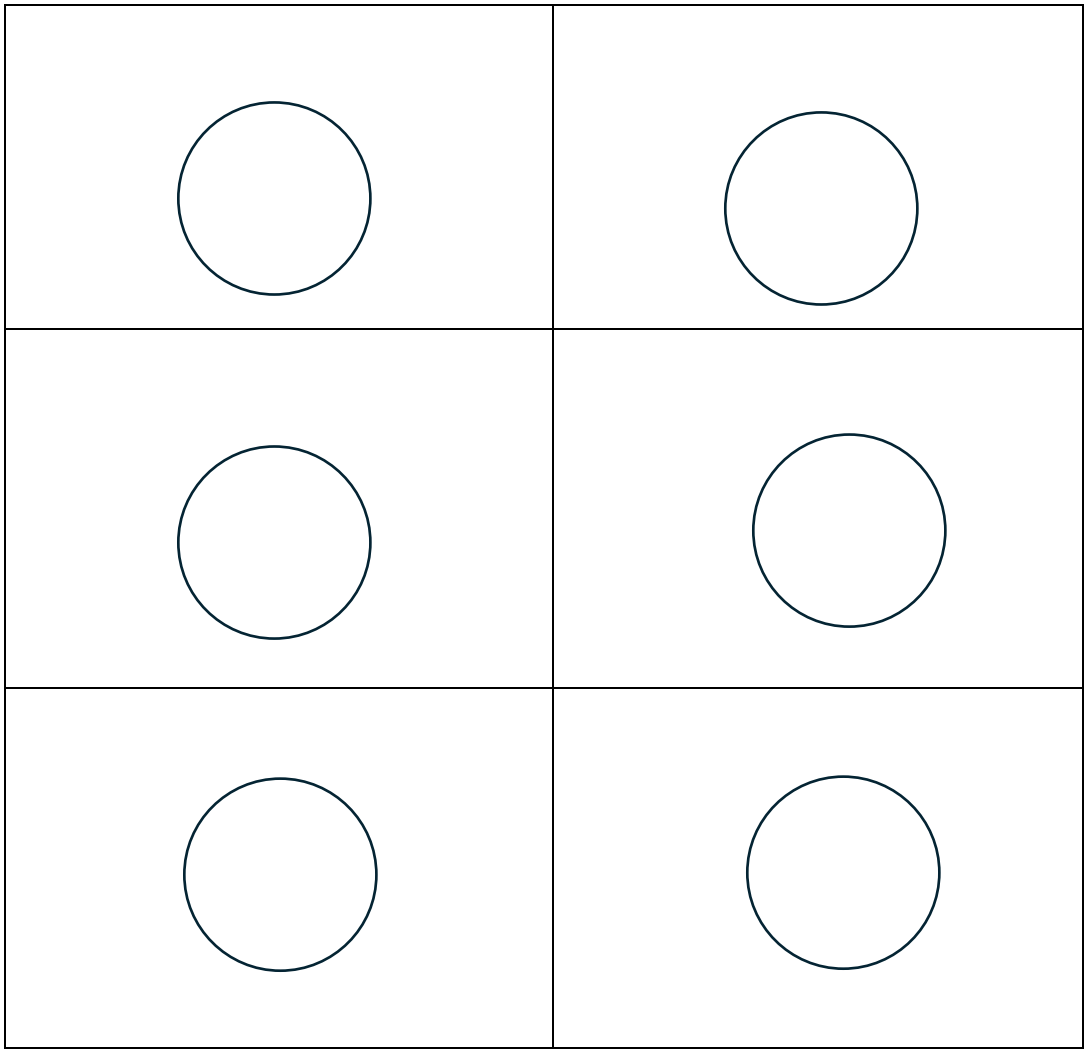
OFFICE USE

GRAVE INTERMENT

ROW PLOT

ASHES PLACEMENTS

HEADSTONE END



INSPECTION OF NAMEPLATE		
DATE OF DEATH (as per Nameplate)		
NAME (as on Nameplate)		
SIGHTED BY:	SIGNATURE	NAME
CERTIFICATE OF CREMATION COPIED ☐		
ACCOUNTS ☐ WEBSITE ☐ MAP ☐ ITVSA ☐ ANNUAL REPORT ☐ RECORDS ☐		