

CEMETERIES - ASHES INTAKE FORM

CEMETERY DETAILS

☐ Beaconsfield Cemetery ☐ Frankford Cemetery ☐ Winkleigh Cemetery

INTERMENT LOCATION

- ☐ Lawn Cemetery - Beaconsfield and Winkleigh only
- ☐ Monumental Plot - all cemeteries
- ☐ Rose Garden - Beaconsfield only
- ☐ Niche Wall - all cemeteries

RESERVATION DETAILS (if applicable)

Has a plot been reserved at the above cemetery? Yes ☐ No ☐ Unknown ☐

If Yes please list details: Plot Number: _____ If No please list preference: _____

APPLICANT DETAILS (RIGHT OF BURIAL HOLDER)

Note: The Right of Burial Holder's details, including name and contact information, will be disclosed in circumstances where a person is seeking to apply to Council to make alterations to the burial site, which can include transfer/surrender of the site, interment application for the burial and/or application for the installation of a memorial on the site.

Family Name: _____

Given Names: _____ Date of Birth: ____/____/____

Postal Address: _____

Suburb: _____ Post Code: _____

Email Address: _____ Phone Number: _____

Relationship to deceased: _____

DETAILS OF DECEASED

Family Name: _____

Given Names: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ Age at Death: _____

Last Known Address: _____

Suburb: _____ Post Code: _____

Veteran: Yes ☐ No ☐ If Yes, details of service history or duty performed: _____

Date of Cremation: ____/____/____

Name of Funeral Company: _____

Address of Funeral Company: _____

APPLICANT DECLARATION

- I, the applicant, am over the age of 16,
- I am aware that it is an offence to knowingly provide false or misleading information and I acknowledge that the Right of Burial Holder will have all rights and responsibilities in relation to further burials and/or construction of monuments on the site nominated above.

Please see Councils current fees and charges for cemetery fees.

Plaque sizes must not exceed 14cm wide x 13cm for Rose Garden Interments or 17cm wide x 15cm high for the Niche and Colonnade Walls. Ashes vessels are not to exceed 220mm x 80mm x 110mm.

Applicant name: _____

Signature: _____ **Date:** ____/____/____

Personal Information Protection Statement

1. Personal information is managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates, on request to the West Tamar Council.
2. Information can be used for other purposes permitted by the *Local Government Act 1993* and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of the West Tamar Council, in accordance with the Council's Personal Information Protection Policy.

Information on this form is required to ensure compliance with the following:

Burial and Cremation Act 2019

Burial and Cremation Regulations 2025

OFFICE USE ONLY

Ashes received by: _____ Date: ____/____/____

Memorial Plaque Supplied: Yes ☐ No ☐ Photo taken: Yes ☐ No ☐

Location of Interment: _____

Interred by: _____ Date: ____/____/____

Invoiced Amount: \$ _____ Date: ____/____/____

Burials Register Updated: ☐ Yes Reg #: _____ Cemetery Module Updated: ☐ Yes

Cemetery Mapping Updated: ☐ Yes

Cemetery Manager Signature: _____