



Cowra Shire Council  
Private Bag 342  
Cowra NSW 2794

Phone: 02 6340 2070  
council@cowra.nsw.gov.au  
www.cowracouncil.com.au

## Interment of Ashes

Name of deceased: \_\_\_\_\_

Late address: \_\_\_\_\_

Date of death: \_\_\_\_\_ Age: \_\_\_\_\_

Cemetery: \_\_\_\_\_ Portion: \_\_\_\_\_

Section: \_\_\_\_\_ Row: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner of burial right: \_\_\_\_\_

If the above named deceased is not the owner of burial right then approval must be obtained from the next of kin/family members of the owner of the burial right.

Has approval been obtained from the next of kin/family members of the owner of burial right? Y/N

Name of applicant (next of kin/executor): \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of funeral director: \_\_\_\_\_

Address of funeral director: \_\_\_\_\_

Name of officiating Clergy: \_\_\_\_\_

Signature of funeral director/applicant: \_\_\_\_\_

Office Use:
Received Date:
Time:
Registration Date:
Document No
Officer Initial:

Death Certificate or Certificate of Cremation has been produced and sighted by funeral director (for completion by funeral director applicants only): Y/N

Copy of Death Certificate or Certificate of Cremation must be lodged with form (unless confirmation of production is provided by funeral director).

---

**Office Use Only**

<b>Interment details</b>
Date Required:
Time Required:
Portion:
Section:
Row:
Amount Paid:
Receipt No.:
Date:
Interment No.: