

APPLICATION FOR REMOVAL OF ASHES

Please contact Council's Facilities Officer on 4221 6320 to make an appointment to lodge application

1. Details of the Applicant

Mr Ms Mrs Other

Given name Family name

Unit/Street No. Street Name Suburb Postcode

Daytime Telephone Mobile Email

Applicant Signature Date Relationship to Deceased

I have read and understood Council's Cemetery Operations Policy

2. Details of the Deceased

Given Name Surname

Last Address of Deceased

Date of Birth Date of Death Age at Death Sex (Male/Female)

3. Site Details

Burial Licence Number

Cemetery Location

Row Plot Site ID

4. Authority to Remove

Are you the holder of the Burial Licence for this plot? Yes No

Documentary evidence must be attached to prove authority to remove, such as Burial Licence, Identification, Will

5. Surrender of Plot

Would you like to surrender the site to Council Yes No

A refund may apply, refer to Council's fees and charges

Proof of payment may be requested

A Statutory Declaration must be attached

6. Privacy Notice

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

The information on this form is being collected by Shellharbour City Council for the purpose of providing you with a service. Your personal information will be used by Council staff for the purpose of determining your request. This completed form will be placed on a relevant file and/or saved in Council's electronic records management system. You may apply to Council for access to this information. Requests for correction of your personal information can be made under the *Privacy & Personal Information Protection Act 1998*. Please see Council's **Privacy Management Plan** or contact Council's Public Officer for more information.

7. Payment Details (Office Use Only)

Cost of Removal:

Application Number

Debtor Number (CEM000000)

Paid by CHEQUE <input type="checkbox"/>	EFT <input type="checkbox"/>	CASH <input type="checkbox"/>
Amount \$	Rec. No	
DATE	Mail <input type="checkbox"/>	Counter <input type="checkbox"/>

8. Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Application Scanned and linked to P&R | <input type="checkbox"/> Updated P & R with Date of Removal |
| <input type="checkbox"/> Noted on map | <input type="checkbox"/> Ashes/Plaque returned to family |
| <input type="checkbox"/> Noted in Miscellaneous Accounts | |
| <input type="checkbox"/> Works Order Completed. | |

W/O Number

Cemetery Administration Officer

Date

9. Removal Details

Date Ashes Placed/to Be Removed

Date and Time Family Advised