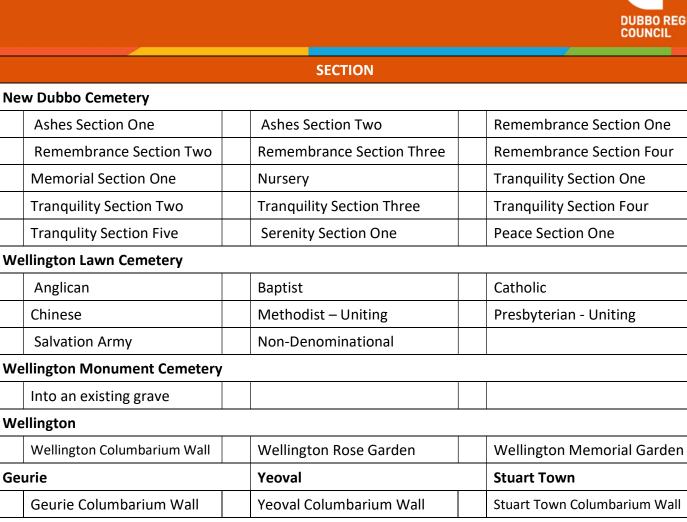


For plot or niche availability and specific details of cemetery sections names or locations, please contact Cemetery Administration on (02) 6801 4000 or email council@dubbo.nsw.gov.au.

CONTACT						
Funeral Director/Contact						
ABN						
Address						
Suburb		State		Postcode		
Phone						
Email Address						

DECEASED DETAILS							
Title	🗆 Mr 🗆	Mrs 🗆	Miss 🗆	Ms 🗆 Ot	ther - P	lease specify:	
Given Name			Middle			Surname	
Address of Deceased							
Suburb			State			Postcode	
Gender	🗆 Male	🗆 Fema	le				
Age							
Date of death			Date of b	oirth			
Former Occupation					·		
Next of Kin							
If interring ashes in an existing grave, name of person buried in the grave							

CEMETERY							
New Dubbo Cemetery	Wellington Memorial Cemetery	Ballimore Cemetery					
Old Dubbo Cemetery	Rawsonville Cemetery	Holy Family Cemetery					
Wellington Lawn Cemetery	Eumungerie Cemetery	Geurie Cemetery					
Yeoval Cemetery	Stuart Town Cemetery	Euchareena Cemetery					
Elong Elong Cemetery	Spicers Creek Cemetery						



	COLUMBARIUM WALL ORIENTATION Wellington, Geurie and Yeoval – Ashes container size: W 110mm x H 80mm x L 190mm *Stuart Town – Ashes container size: W 150mm x H 110mm x L 250mm								
	None				Geurie	Columbarium Wa	all		
	Wellington Columbarium Wall – Southern				Wellington Columbarium Wall - Northern				
	Yeoval Columbarium Wall – Eastern				Yeoval	Columbarium Wa	all – Weste	ern	
Stuart Town Columbarium Wall - Northern				Stuart	Town Columbariu	um Wall – S	Southern*		
Ashes Container Size Width mm				Height	mm	Length	mm		

PLOT DETAILS					
Ashes Niche					
Grave Section		Row		Plot No	

INTERMENT				
Date Ashes Interred		Time of Interment		





NEXT OF KIN – EXISTING GRAVE							
Title	□ Mr □	Mrs 🗆	Miss 🗆	Ms 🗆 Other - P	lease specify		
Given Name			Middle		Surname		
Residential Address					· · ·		
Suburb			State		Postcode		
Phone			Email		· · ·		
Date of Birth (optional)			Relation	ship to Interred			
Approval	□ Yes □	□ Yes □ No (Please attach letter or evidence of approval to permit application)					

APPLICANT DETAILS – ASHES TO BE INTERRED							
Title	🗆 Mr 🗆 N	∕Irs □	Miss 🗆	Ms 🗆 Other - Pl	lease specify	:	
Given Name			Middle Surname				
Residential Address							
Suburb			State		Postcode		
Phone			Email				
Date of Birth (optional)							
Relationship to deceas	sed to be inter	rred					
Are you aware of anyo would dispute the Ash Interment Application	Yes	□ No (Provide details be	low)			
Is there any dispute within the family that council should be aware of?		□ Yes	□ No (Provide details be	low)		



TERMS AND CONDITIONS

- 1. Fees must be paid in full three (3) business days prior to the scheduled service. Council accepts VISA, MasterCard, cheque and Bpay payments. Please note: if a purchase is for a service that is to occur within three (3) business days, a cheque is not acceptable.
- 2. If payment is not received in accordance with the above conditions, Council may cancel the application.
- 3. Placement by the Cemetery Maintenance Team will not proceed until account is paid.
- 4. The ashes will be placed underground in the same container as supplied by the Crematorium unless by special request.
- 5. Ashes will be interred as close as possible to the desired location at the discretion of the Cemetery team.
- 6. Columbarium Wall containers must be the below sizes;
 - Wellington, Geurie and Yeoval: W 110mm x H 80mm x L 190mm
 - Stuart Town: W 150mm x H 110mm x L 250mm
- 7. Council reserves the right to review and/or amend these terms and conditions, its holdings, interment sites and property within its cemeteries at any time, without notice to you.

APPLICANT ACKNOWLEDGEMENT/DECLARATION

I have read, understood and accept the attached terms and conditions for ashes interments and agree to abide by the cemetery regulations as contained in this application.

Name		
Signature	Date	

PRIVACY NOTE:

Council is bound by the provisions of the Privacy and Personal Information Act 1998, in the collection, storage and utilisation of personal information provided in this form. Accordingly, the personal information will only be utilised for the purposes for which it has been obtained. For further information, please refer to Council's Privacy Management Plan Policy located on Council's website <u>www.dubbo.nsw.gov.au</u>

DUBBO REGIONAL COUNCIL OFFICE USE ONLY FI						
Invoice Number		Receipt Number		Processed Date		
Plot / Interment Reg No.	/	Fee		Staff Member		