



ASHES INTERRING PERMIT

PERMIT FOR INTERRING ASHES

Interring of Ashes into an Ashes allotment or into an existing grave.

Funeral Director*

ABN*

Address 1*

Address 2

City State Postcode*

Telephone number

Email

Cemetery*

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

maximum 1 allowed

Section*

[Choose One]

Columbarium Wall orientation*

[Choose One]

Ashes number or Grave Number*

Date Ashes interred*

Time of interment*

Full Name of Deceased*

Gender:*

Male

Female

Last residence of deceased*

Date of Birth*

Age at time of death*

Date of death*

If interring ashes in a pre-existing grave, name of person buried in the grave

Next of Kin*

Relationship*

Applicant*

Family member

Friend

maximum 1 allowed

Mandatory field(s) marked with *

[Submit Application for Permit to inter Ashes](#)

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