



**Next of kin or secondary interment right contacts:**

Holder 1: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Holder 2: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant details:**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to deceased: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Where are the ashes located: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**Privacy declaration**

Information collected on this form is held in accordance with the *Privacy and Personal Information Protection Act 1998*. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfil these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the *Privacy and Personal Information Protection Act 1998*.

**Payment (cemetery operator to complete)**

Item	Fee
Application for Order of Interment – Niche	<b>\$297.00</b>
Placement of plaque & ashes (by Council's contractor)	<b>\$131.00</b>
Cost of production of plaque	\$ _____
Cost of purchase of vase, including installation	<b>\$150.00</b>
<b><u>OFFICE USE ONLY</u></b>	
Register Number: 301. _____ . _____ .1	
Date Paid: _____ Receipt Number: _____	
Amount Paid: \$ _____	
Plaque proof ordered: <input type="checkbox"/> Interment Noted on Map: <input type="checkbox"/>	

(Form for completion if ashes to be left with Council for placement)

# NAMBUCCA VALLEY COUNCIL



## RECEIPT FOR DELIVERY OF ASHES (REMAINS) TO NAMBUCCA VALLEY COUNCIL FOR PLACEMENT IN COLUMBARIUM WALL WITH PLAQUE

The General Manager  
Nambucca Valley Council  
PO Box 177  
MACKSVILLE NSW 2447

I, name .....of

(Address) .....  
.....

Phone ..... Email.....

hereby deliver the ashes of:.....(Full Name of deceased)

to Nambucca Valley Council for placement in the Columbarium Wall located at:

Cemetery: .....; Wall: .....

Row: .....: Niche No.: .....

Date: ..... Signature: .....

Relationship to deceased: ..... Name: .....

*I also understand that in some cases due to niche sizing remainder ashes can occur and Council will contact me should this happen.*

Accepted by: .....

(Staff Name)

Signature: .....

(Staff Signature)

### OFFICE USE ONLY

Date Ashes Taken: \_\_\_\_\_

Noted in Register: \_\_\_\_\_

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