

## ASHES BURIAL FORM 2022-23

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<b>Site Number</b>	
<b>Current Interment Right Holder – Authorisation of Ashes Burial</b>	
Name _____	
Address _____	
Phone _____	Email _____
Relationship to Deceased _____	
Signature _____	Date _____
<b>Second Interment Right Holder (if applicable) – Authorisation of Ashes Burial</b>	
Name _____	
Address _____	
Phone _____	Email _____
Relationship to Deceased _____	
Signature _____	Date _____
<b>Deceased</b>	
Name _____	
Last Known Address _____	
Age _____	Gender _____ Date of Death _____
Name of Funeral Director _____	
Address of Funeral Director _____	
<b>Burial of Ashes Details</b>	
Family present at burial of ashes Yes <input type="checkbox"/> No <input type="checkbox"/> If family present please bring ashes on the day	
Date of placement _____	
(Monday – Friday 9:00am – 4:00pm, 2 business day's notice required)	
Urn size _____ cm h x _____ cm w x _____ cm d	
Any other instructions _____	
_____	
_____	

Payment methods: Cash, cheque or credit card in person at 34 Church Street, Salisbury  
 Cheque posted to PO Box 8, Salisbury, SA, 5108  
 Credit card over the phone call 8406 8222  
 Cheques payable to City of Salisbury

All fees include GST

## ASHES BURIAL FORM 2020-21

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<b>Additional Documents</b> Proof of identification for right of burial holder(s)	
<b>Payment</b> Burial of ashes fee \$430 Code CMBFLS Receipt Number _____ Date _____	
<b>Return Paperwork To</b> Cemetery Assistant: 34 Church Street, Salisbury or PO Box 8, Salisbury, SA, 5108 or cemetery@salisbury.sa.gov.au	<b>Office Use Only</b> CemeteryData Entered <input type="checkbox"/> DataWorks No: _____ Emailed SMP _____ Certificate - _____ Date Posted _____ DataWorks No: _____ Noted <input type="checkbox"/>

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