

INURNMENT OF ASHES FORM 2021-22

Site Number	
Current Right of Burial Holder Authorisation of Inurnment of Ashes Name _____ Address _____ _____ Phone _____ Email _____ Relationship to Deceased _____ Signature _____ Date _____	Second Right of Burial Holder Authorisation of Inurnment of Ashes Name _____ Address _____ _____ Phone _____ Email _____ Relationship to Deceased _____ Signature _____ Date _____
Deceased	
Name _____	
Last Known Address _____	
Age _____ Gender _____ Date of Death _____	
Ashes Obtainable From _____	
Name & Address of Funeral Director _____	
Lease, Site & Inurnment Details	
Lease New <input type="checkbox"/> Pre-Need <input type="checkbox"/> Existing <input type="checkbox"/> Inurnment First <input type="checkbox"/> Second <input checked="" type="checkbox"/> <input type="checkbox"/>	
Site Single <input type="checkbox"/> Double <input type="checkbox"/>	
Rose Garden: General <input type="checkbox"/> 19 (tall double) <input type="checkbox"/> 20 & 21 (single pillar) <input type="checkbox"/> 27 & 29 (moss rock) <input type="checkbox"/>	
Shrub Garden: Granite Memorial <input type="checkbox"/> Bedrock <input type="checkbox"/> Niche Wall: Red Brick <input type="checkbox"/> Donnybrooke <input type="checkbox"/>	
Rotunda: Niche Wall <input type="checkbox"/> Garden Bed <input type="checkbox"/> Water Feature: <input type="checkbox"/>	
Inurnment Details	
Family present for placement (option not available for moss rock or niche wall placements) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day / Date / Time (Monday – Friday, 9:00am – 4:00pm) _____	
Family to keep old plaque (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Excess ashes (if applicable ie niche wall placement) Family keep excess ashes <input type="checkbox"/> Excess ashes placed in garden <input type="checkbox"/>	
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



Cemetery: Spains Road, Salisbury Downs, SA, 5108
 Office: Salisbury Community Hub
 34 Church Street, Salisbury, SA, 5108
 Postal: PO Box 8, Salisbury, SA, 5108
 Telephone: 08 8406 8317
 TTY: 08 8406 8596 (for hearing impaired)
 Email: cemetery@salisbury.sa.gov.au
 Website: www.salisbury.sa.gov.au
 ABN: 82 615 416 895

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Additional Documents	
Proof of identification for right of burial holder(s)	
Burial and Memorial Sites Licence Rights and Responsibilities form	
Payment	
Lease fee	CMLRG \$ _____
Plaque / inurnment / second inurnment & inscription	CMPIRG \$ _____
Extras: * Lettering renewal (natural \$195 / gold \$225) Motif (eg cross \$65)	CMPIRG \$ _____
Additional lettering (\$2.50 per letter over maximum)	CMPIRG \$ _____
Photograph (colour \$155 / black and white \$100)	CMPIRG \$ _____
	Total \$ _____
Receipt Number _____	Date _____
Plaque & Inscription	
Rose Garden General Rose Garden 19 Shrub Garden incl Bedrock Moss Rocks Water Feature	
Bronze <input type="checkbox"/>	Bronze Detachable Portion Only <input type="checkbox"/> (5 lines)
Granite <input type="checkbox"/>	With Gold Lettering <input type="checkbox"/> or Natural Lettering <input type="checkbox"/> (150 letters)
Rose Garden 20 & 21 Granite With Gold Lettering <input type="checkbox"/> or With Natural Lettering <input type="checkbox"/> (80 letters)	
Rotunda	Niche Wall <input type="checkbox"/> Granite Gold Lettering (80 letters) Garden Bed <input type="checkbox"/> Bronze
Niche Wall	Red Brick <input type="checkbox"/> Bronze (80 letters) Donnybrook <input type="checkbox"/> Granite Gold Lettering (80 letters)

Return Paperwork To	Office Use Only
Cemetery Assistant: 34 Church Street, Salisbury or PO Box 8, Salisbury, SA, 5108 or cemetery@salisbury.sa.gov.au	CemeteryData Entered <input type="checkbox"/> DataWorks No: _____ Emailed SMP _____ Certificate -Date Posted _____ DataWorks No: _____ Noted <input type="checkbox"/>

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