

ASHES BURIAL FORM 2023-24

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Site Number	
Current Interment Right Holder – Authorisation of Ashes Burial	
Name _____	
Address _____	
Phone _____	Email _____
Relationship to Deceased _____	
Signature _____	Date _____
Second Interment Right Holder (if applicable) – Authorisation of Ashes Burial	
Name _____	
Address _____	
Phone _____	Email _____
Relationship to Deceased _____	
Signature _____	Date _____
Deceased	
Name _____	
Last Known Address _____	
Age _____	Gender _____ Date of Death _____
Name of Funeral Director _____	
Address of Funeral Director _____	
Burial of Ashes Details	
Family present at burial of ashes Yes ☐ No ☐ 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

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Additional Documents Proof of identification for right of burial holder(s)	
Payment Burial of ashes fee \$440 Code CMBFLS Receipt Number _____ Date _____	
Return Paperwork To Cemetery Assistant: 34 Church Street, Salisbury or PO Box 8, Salisbury, SA, 5108 or cemetery@salisbury.sa.gov.au	Office Use Only CemeteryData Entered ☐ DataWorks No: _____ Emailed SMP _____ Certificate - _____ Date Posted _____ DataWorks No: _____ Noted ☐

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