



CEMETERIES LOCAL LAW 2010
Schedule 13 – Form 12
APPLICATION FOR DISPOSAL OF ASHES

[cl 5.7(1)]

Application No: _____

Surname of Deceased: _____

Other Names: _____

Occupation: _____

Address: _____

Religious Affiliation: _____

Age: _____ Date of Death: _____

Date of Burial: _____ Time of Burial: _____

Area: _____ Section: _____

Grave No: _____ Depth of Grave: _____

Length & Width of Grave: _____

Size of ground: _____ Grant No: _____

Grave Type:

- First interment
 Male
 Female

Other interment application numbers:

Disposal details:

Name and address of administrator:

(Name)

(Address)

(Signature)

(Date)

Name of Minister of person
officiating:

Name of Funeral Director:

Signature:

Signature:

Date: _____

Date: _____

OFFICE USE ONLY

Date cremation permit issued: _____

No. of cremation permit: _____

Receipt No: _____

Certificate of cremation prepared: _____

Letters re. disposal of ashes sent: _____

Ordered: _____

Completed: _____