



**APPLICATION FOR PLACEMENT OF ASHES IN NICHE WALL**  
**CEMETERIES ACT 1986**

**APPLICANT DETAILS**

Surname \_\_\_\_\_  
Other Names \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

**DETAILS OF DECEASED**

Name of Deceased \_\_\_\_\_  
Date of Death \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Place of Death \_\_\_\_\_

Do you wish to attend the placement: Yes  No

Day of Placement \_\_\_\_\_ Time \_\_\_\_\_

**NICHE WALL DETAILS**

Wall \_\_\_\_\_ Position \_\_\_\_\_

Niche \_\_\_\_\_ New / Reserved \_\_\_\_\_ Grant No \_\_\_\_\_

**DECLARATION:**

I hereby certify that I am the Administrator of the ashes (the person who obtained the Permit to Cremate). I hereby certify that all the details on this form are correct, and that I am authorised to make these arrangements and hereby provide a copy of the Cremation Certificate.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

Register of Burials (*Page No*) \_\_\_\_\_

Grant ID \_\_\_\_\_

Invoice \_\_\_\_\_

Receipt \_\_\_\_\_