



**Thorak Regional Cemetery
Ash Interment Application Form**

Applicant Details

Title and Full Name:

Residential Address:

..... Post Code:

Postal Address: Post Code:

Contact Number: Email:

I am the decisionmaker/senior next of kin

Your relationship to intended user

Do you know of anyone who would object to the deceased's remains being interred? No Yes

If yes, please provide details.....

Interment Details:

Preferred Date to Inter Ashes.....Preferred Time to Inter Ashes.....

Section of Cemetery.....Grave/Plot No.....

Is this an existing grave: No Yes Do you have the authority or hold the rights to the grave: Yes No

Do you wish to be present at the ash interment: Yes No (If No, we will notify you once complete)

Ash Interment by: Thorak Cemetery Staff Family Memorial only Other.....

Dimensions of Ash container if not cremated at Thorak Cemetery:

Length.....mm Width.....mm Height.....mm

Details to whom the grave or Exclusive Rights is intended for:

Title and Full Name:

Residential Address prior to death.....

Date of Birth..... Date of Death..... Date of Cremation.....

Place of Cremation.....

Note: If deceased was cremated elsewhere other than Thorak Regional Cemetery, you are required to supply a copy of the cremation certificate. (Prior to interment)



Please tick the relevant Ash cemetery fee

<input type="checkbox"/> Into an Existing Grave – Interment fee only	N/A
<input type="checkbox"/> Memorial Palm Garden & Lawn Garden	\$
<input type="checkbox"/> Niche Wall–Ashes are placed in a small cylinder and may not accommodate all ashes	\$
<input type="checkbox"/> Memorial Beam B Section	\$
<input type="checkbox"/> Courtyard of Tranquillity Rows 1,2,3,4 (two interments per plot)	\$
<input type="checkbox"/> Courtyard of Tranquillity Rows 5,6,7,8 (single interment only)	\$
<input type="checkbox"/> Columbarium Single	\$
<input type="checkbox"/> Columbarium Double	
<input type="checkbox"/> Memorial Palm Scattering Garden	\$
<input type="checkbox"/> Garden of Angels Memorial Garden Cremation Interment Garden	\$
<input type="checkbox"/> Garden of Angels Memorial Garden Un-Registrable Foetus burial	\$
<input type="checkbox"/> Rock Memorials (No Ash Interment, memorial only)	\$
Plus	
<input type="checkbox"/> Interment Fee (Paid at the time of the interment)	\$
<input type="checkbox"/> Ash Cylinder container if for Niche Wall (Paid at the time of interment)	\$
<input type="checkbox"/> Minus Administration Fee of 10% (for-Litchfield residents) -	\$
<input type="checkbox"/> Exclusive right of burial fee	\$10.00
(Proof of residency required of the deceased if a Litchfield resident) Total payable	\$

Are you aware of the Monument & Memorial specifications permitted in the different sections of the Cemetery Yes No

*** A Memorial permit is required prior to the installation of all memorials (Fees apply)***


I, the applicant, have read and understood the information contained in the application and agree to accept these terms and conditions and confirm the information provided is true and correct.

Signature of Applicant: Date of Application:.....

Signature of Witness:.....Name of Witness:.....

Payment Details (No services will be conducted without full payment)

Please tick the relevant payment method (Please use the invoice number as the reference):

- Funeral Directors Account Cheque (No: _____)
- BPAY  Biller code: 489 088 REFERENCE NO: Refer to code on bottom of Invoice
- Credit Card - Please debit my: MASTERCARD or VISA (Please circle relevant one)

Card No: ____ / ____ / ____ / ____ **Expiry Date:** ____ / ____

Signature:

Office Use Only Date Processed: Receipt No:

Operator Name: Authority No: