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| **Contact details** |
| Full name: Click here to enter text. |
| Address: Click here to enter text. |
| Phone number:  | (M): Click here to enter text. | (H): Click here to enter text. |
| Email address: Click here to enter text. |
| Relation to the deceased: Click here to enter text. |

*Please tick one*

[ ]  Register interment of ashes in cemetery [ ]  Register a memorial (plaque with no ashes)

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| **Details of deceased** |
| Deceased full name: Click here to enter text. |
| Age: Click here to enter text. | Date of Birth (if known): Click here to enter text. |
| Last place of residence: Click here to enter text. |
| Date of Death: Click here to enter text. | Date of Interment: Click here to enter text. |
| Cemetery: Click here to enter text. | Lease number: Click here to enter text.*If you do not have a lease number, please contact Council before proceeding any further.* |
| Plot/Niche number: Click here to enter text. |
| Ashes interred/spread by: Click here to enter text. |
| Ceremony performed by or attended by *(If applicable)*: Click here to enter text. |
| Notes: *If ashes have been spread outside of dedicated cemetery ground, please record where ashes were spread here.*Click here to enter text. |

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| ***Office use only:***  |
| *Date entered:*  | *Entered by:*  |
| *Cemetery Map* | *Synergy Registration Number:*  |
| *Enter into Cemetery Register Book:*  | *Enter into Cemetery Lease Book:* |
| *Register of Internment:* *Purchase order:**Tax Invoice:* | *Cemeteries Register Code:* *Cemetery Record Board**Partial Cause Death & Certificate of ID:* |