



**Thorak Regional Cemetery
Ash Interment Application Form**

TRC-FOR-005

Applicant Details

Title and Full Name:

Residential Address:

..... Post Code:

Postal Address: Post Code:

Phone Number: Mobile Number:

Email:

Applicants relationship to intended user

Interment Details:

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

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

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

Who will be conducting the Interment.....

Dimensions of Ash container if cremated elsewhere Length.....mm Width.....mm Height.....mm

Details to whom the grave or Burial Right is intended for

Title and Full Name:

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.



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	\$
<input type="checkbox"/> Niche Wall	\$
<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 1,2,3,4 (second interment)	\$
<input type="checkbox"/> Courtyard of Tranquillity Rows 5,6,7,8 (single interment only)	\$
<input type="checkbox"/> Columbarium	\$
<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"/> Full vacant grave	\$
<input type="checkbox"/> Rock Memorials	\$
Plus	
<input type="checkbox"/> Interment Fee	\$
<input type="checkbox"/> Minus Administration Fee of 10% (for-Litchfield resident) Proof of Residency	\$
<input type="checkbox"/> Exclusive right of burial fee	\$10.00
(Proof of residency required of the deceased if a Litchfield resident) Total payable	\$


****Please note that at the time of burial, the interment fee must be paid prior to interment****

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:.....

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 Cash Cheque (No: _____)
 BPAY  Biller code: 489 088 REFERENCE NO: Refer 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:
Operator Name:

Receipt No:
Authority No: