



Application to Inter Ashes in a Columbarium Niche

A niche is required by the undersigned in accordance with the undermentioned particulars regarding the deceased:

Cemetery:	<input type="checkbox"/> Goondiwindi	<input type="checkbox"/> Inglewood	<input type="checkbox"/> Texas	<input type="checkbox"/> Yelarbon
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DETAILS OF DECEASED			
Surname		Given Names	
Date of Birth		Date of Death	
Age		Place of Birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Late residence	
Occupation or Profession		Denomination	
Cause of Death:			
Was the deceased a member of the Armed Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Regiment Number (if available)

INTERMENT ARRANGEMENTS		Demand Service Required – Tick box <input type="checkbox"/>	
Date of Interment		Time of Interment	
Officiating Minister or Celebrant			

NICHE DETAILS		If a Memorial Only (i.e. no ashes to be interred) – Tick box <input type="checkbox"/>	
Niche Number	Col / /		
Goondiwindi	<input type="checkbox"/> Wall1	<input type="checkbox"/> Wall 2	
Yelarbon	<input type="checkbox"/> Wall1	<input type="checkbox"/> Wall 2	<input type="checkbox"/> Wall 3

RESERVE DETAILS			
Is an adjoining Niche reservation required		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surname		Given Names	
Address			
Phone Number		Email	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Niche to be reserved for (Name)			
Niche Number (Office Use Only)		Col / /	
Goondiwindi	<input type="checkbox"/> Wall1	<input type="checkbox"/> Wall 2	
Yelarbon	<input type="checkbox"/> Wall1	<input type="checkbox"/> Wall 2	<input type="checkbox"/> Wall 3

Vase Required - Tick box <input type="checkbox"/>
* A fee is applicable please refer to current Fees and Charges

Please note: All details are required before this form can lodged with Council

Signature of Representative

Company Name

Name of Representative

Telephone Number

Date

FOR OFFICE USE ONLY

Fees :	\$	Date Received:		Receipt No:	
Niche Prefix:		Adjoining Reserve Niche Prefix:			
Information:	<input type="checkbox"/> Practical	<input type="checkbox"/> Book	<input type="checkbox"/> Map		