

## **INTERMENT OF ASHES**

Name:			
Address:			
Date of Birth	:	Date of Death:	
Ashes Path I	No:	Date of Interment:	
Interment pe 5.7	erform by Council Yo Cost for Council to inter ashe	es / No	\$165.00
Cost if interment not perform			\$55.00
Interment pe	erformed by:		
<b>←</b>	Offi	ce Use Only	
Approved	Not Approved	CEO:	
Date		Receipt No	
Amount		Authorised Officer:	