



If extinguishing an ashes reservation please provide the original certificate

Application for an ashes placement

Type of application

New ashes plot *Please provide the following details*

Columbarium Gardens

Cemetery Location Garden/ Wall Section Row Plot

Do you require an on-site meeting to discuss location. Yes No

The ashes plot has been reserved

If ticked, please complete the following details

Full name Cemetery

Place in a burial plot

If ticked, please complete the following details.

Full name on existing burial plot Cemetery

Cemetery Location Section Row Plot

Are there existing monumental works Yes No

Additional ashes reservation

*Are any additional ashes reservations required?
If yes, please attached the application form to 'reserve a plot'.*

Deceased details

Please print full legal name. Female Male

Surname

Given names

Date of birth Date of death Age at death

Last address

Crematorium

Death Certificate Registration No. *(if known)*

Executor / applicant details

Contact Name

Postal Address

Contact telephone no. Relationship to deceased

*As the executor / applicant I agree that floral tributes or other decorations will not be affixed to or placed in the vicinity of the columbarium / gardens.
I certify that details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death / Death Certificate.*

Signature Date

*** Katoomba office only**

Attendance

Do you wish to be present during placement? Yes No

If yes, please indicate

Have the ashes been surrendered to Council?* OR

Are they being brought to the cemetery for placement?

Estimated number of people attending

Urn sizes for placement in columbarium walls must meet the maximum dimensions

Urn size

Please give dimensions in millimeters

Length Width Depth

NOTE: The maximum dimensions for urns placed in columbarium walls is 190mm long x 115mm wide x 85mm deep. Containers outside these measurements will not be accepted in these locations.

**SAMPLE WORDING
4 line (max.14 words)**

**In loving memory of
John Smith
Died 2nd October 1968
Aged 66 years**

**If symbols or emblems
are required the
applicant must provide
art work in postscript
(eps) format.
Extra charges will
apply and a separate
quote will be provided.**

Wording of plaque

Please provide details for plaque. Use block letters.

Line 1

Line 2

Line 3

Line 4

Line 5

Line 6

NOTE: Plaque fees are based on the number of lines - Four lines (max.14 words); Five lines (max.18 words); Six lines (max.22 words). Plaque wording should be limited to six lines.

**Fee quotes may be
obtained by
contacting Council**

Fees

*Fees are calculated on 4 lines base fee with additional fees per line thereafter.
On completion of the form, please contact Blue Mountains City Council for a fee quote.*

further information

**Blue Mountains City
Council
Locked Bag 1005
Katoomba 2780**

**Phone: (02) 4780 5613
Fax: (02) 4780 5525
www.bmcc.nsw.gov.au**

Office use only

Location details confirmed Time confirmed

Location	Section	Row	Plot
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Administrative details *Note: perpetual care fee applicable when placing ashes into a grave purchased prior to 1981.*

- | | |
|--|--|
| <input type="checkbox"/> Entered on computer | <input type="checkbox"/> Additional costs (parking management) |
| <input type="checkbox"/> Details with cemetery staff | <input type="checkbox"/> Additional costs invoiced |
| <input type="checkbox"/> Entered on maps | <input type="checkbox"/> Monumental works required |

Fees paid - RC No 632

Total paid _____ Receipt number _____ Date _____