



# CIRCULAR HEAD COUNCIL

## REQUEST - PLACEMENT OF ASHES

Cemetery: Circular Head Lawn / Smithton / Irishtown / Stanley

Grave or Niche: ..... Reservation Certificate No: .....

*Note: plaque must be supplied for the Niche Wall placements*

Name of Deceased:

Residence of Deceased:

Rank of Deceased:

Religion:

Date of Death:

Place of Death:

Age of Deceased:

Date & Place of Birth

Day and Date of Funeral

Time of Interment at Cemetery or a suggested day/time to meet

Minister to Officiate: Or Family

Grave Number:

Niche Number

Reservation: Existing (Please circle)

(Details must be completed for issue of reservation certificate)

- Holder of the reservation
- Postal address.....
- Relationship of the holder to the deceased
- Date of interment of above relative
- Section and compartment No of Reservation.....

Funeral Director:

Office Use Only

Order received this .....day of .....20.....at .....am/pm

Interment Costs \$.....