



CLARE & GILBERT
VALLEYS COUNCIL

Notification for Placement of Ashes

Name of Deceased _____

Last Known Address _____

Date of Death _____ Date of Birth _____

Age _____

**Name of Interment
Right Holder**

Address _____

Telephone Home _____ Work _____ Mobile _____

Email _____

Relationship to
deceased _____

Cemetery/Location of Grave _____

☐ Niche ☐ Cremonument ☐ Standard Grave ☐ Other _____

Section _____ Lot _____

Input Date _____ Input Time _____

Interment Right Details

Council to issue New Interment Right for a new site? Yes ☐

If yes, please complete the Application for New Interment Right and return to council with this form.

OR

Interment Right (Lease) already exists? Yes ☐

Interment Right (Lease) Number _____

Interment Right Holder Name _____

Residential Address _____

Telephone Home _____ Work _____ Mobile _____

Email _____

Signature _____ **Date** _____