

# Application to Inter Ashes in Niche Wall Space Brooklyn or Wisemans Ferry Cemetery

## 1. Applicant Details:

Please complete details below of the name and contact details of the person applying for the Permit. If NOT the owner, please provide details of the applicant's authority to apply, e.g. executor or relative of owner (provide details of relationship to owner)

Title: <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other		
Family Name:		Given Name/s:
Company/Organisation (if applicable):		
Postal Address:		
Suburb:		Postcode:
Email Address:		
Home Phone:	Business Phone:	Mobile:
Executor <input type="radio"/> Yes <input type="radio"/> No		Relationship to owner
Secondary Contact Person (Required) - Name:		
Postal Address:		Phone:

## 2. Niche Location – Brooklyn

Niche Wall 1 <input type="checkbox"/>	Upright sides	Side A <input type="checkbox"/>	Side B <input type="checkbox"/>	No.
Niche Wall 2 <input type="checkbox"/>	Base A <input type="checkbox"/>	Base B <input type="checkbox"/>	Base C <input type="checkbox"/>	Base D <input type="checkbox"/>
				No.

## Niche Location – Wisemans Ferry

Niche Wall 1 <input type="checkbox"/>	River Side – Facing North	No.
	Hill Side – Facing South	No.

## 3. Details of Owner

If the owner of the niche wall space is also the above-named applicant, please write "as above".

Name of owner of space		
Postal Address:		
Suburb:		Postcode:
Email Address:		
Home Phone:	Business Phone:	Mobile:



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## 4. Details of Deceased

Full name of deceased (if different)		
Age	Date of birth	Date of death
Place of death		
Cultural/religious practices of deceased (if any) :		
Last known address:		
Suburb:		Postcode:

## 5. Wording on Plaque

Please provide details of the wording to be engraved on niche covering plaque (**please print clearly**)

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Please return form to:

Administration Officer  
Regulatory Services  
Hornsby Shire Council  
296 Peats Ferry Road  
HORNSBY NSW 2077

**Note:** An invoice will be forwarded under separate cover when Council processes the application.

### Office Use Only

Licence Fee: H06 GST Applicable	Receipt Number:	Amount:
Date Paid	<b>Council Ref: F2004/08327</b>	

### Hornsby Shire Council

ABN 20 706 996 972  
296 Peats Ferry Rd, Hornsby 2077

PO Box 37, Hornsby NSW 1630 Phone 02 9847 6666

Email [hsc@hornsby.nsw.gov.au](mailto:hsc@hornsby.nsw.gov.au)  
Web [hornsby.nsw.gov.au](http://hornsby.nsw.gov.au)