

Notification of the Scattering of Ashes within a Kempsey Shire Cemetery

Purpose of this form:

Please note there is no costs associated with notifying Council of your intention to scatter ashes within a Kempsey Shire Council Cemetery. This form is to be completed prior to the scattering of ashes to enable Kempsey Shire Council to keep an up-to-date record of activities within our Shire Cemeteries and to assist families when making future enquiries as to the final resting place of their loved ones.

Applicant's Details

Name: _____ Relationship to the Deceased: _____

Address (not PO Box): _____

Phone/Mobile: _____ Email: _____

Deceased details

Given name/s: _____ Surname: _____

Last known address: _____

Date of birth: _____ Date of death: _____ Age at death: _____

Place of death: _____ Sex: _____

Marital status: _____ Maiden name: _____

Occupation: _____ Religion: _____

Interment details

The nominated Cemetery where ashes are to be scattered: _____

Details of location where ashes are to be scattered within the cemetery _____

Section (If applicable) _____ Row: _____ Allotment: _____

Day when ashes are to be scattered _____ Date: _____ Time: _____

Will there be any official ceremony? YES NO

If so who is the Person conducting the ceremony: _____

Family Member (Consenter) for the scattering of ashes

Given name/s: _____ Surname: _____

Address (not PO Box): _____

Phone/Mobile: _____ Email: _____

Please return this form to Kempsey Shire Council's Customer Service Centre located at 22 Tozer Street, West Kempsey, post to PO Box 3078, West Kempsey NSW 2440, email to ksc@kempsey.nsw.gov.au or fax to (02) 6566 3205.
For more information or help filling out this form, please contact Council Customer Services on (02) 6566 3200.

Applicant's acknowledgement/declaration

I, the undersigned, being the person responsible DO HEREBY REQUEST Kempsey Shire Council to allow the scattering of ashes within the nominated cemetery.

I certify that I am the _____ (state relationship) of the said deceased and I am duly empowered to authorise the scattering of ashes. I, the undersigned, DO HEREBY INDEMNIFY and hold safe and harmless the said Council against all actions, proceedings, claims, demands, damages, costs, losses, and expenses whatsoever which may be made or instituted against or suffered by the said Council in any manner whatsoever by reason the said Council having consented to the scattering of ashes therein of the cremated remains of the abovementioned deceased.

I further agree to comply with Council's regulations regarding the **non**-erection of any monument/placement of plaques/memorials or the like within the cemetery to honour the deceased whose ashes are to be scattered within the said cemetery.

Signature: _____ Name: _____ Date: _____

Witness of signature: _____ Name: _____

Office Use Only

Privacy declaration: Council collects and holds personal information for a number of reasons related to Council business e.g to process applications, to issue rate notices to property owners and to process correspondence, as per legislation and regulation which council operates under. When you provide personal information to Council it is used and stored in accordance with the *Privacy and Personal Information Protection Act 1998*. This means your personal information will only be used in relation to Council business. Your personal information will not be used for any other purposes unless you are asked permission.

If you wish to know what personal information Council may hold on you then you can make application to Council to determine what information is held.