ASH DECANTING INSTRUCTIONS

To be completed by Funeral Director and emailed with all ash decanting requests.

NORTHERN SUBURBS
MEMORIAL GARDENS

Funeral Company

NAME OF COMPANY

BRANCH

FUNERAL DIRECTOR NAME

PHONE NUMBER

EMAIL ADDRESS

DATE SUBMITTED

Deceased Details

FULL NAME OF DECEASED

DATE OF SERVICE

Applicant Details

APPLICANT FULL NAME

PHONE NUMBER

EMAIL ADDRESS

APPLICANT'S RELATIONSHIP TO DECEASED

Authorised Representative (if applicable)

Has the applicant authorised another person to act on their behalf? ☐ Yes ☐ No

FULL NAME

PHONE NUMBER

EMAIL ADDRESS

RELATIONSHIP TO APPLICANT

Ash Decanting Requirements (when ashes are split into more than 1 item)

Detailed Decanting Instructions

Collection Details (what has been arranged or to needs to be arranged)

CONTINUED OVERLEAF

Checklist Before Submission

- [ ] Applicant instructions have been confirmed
- [ ] All keepsakes, jewellery and/or urns supplied
- [ ] Quantities verified
- [ ] Contact details complete
- [ ] Instructions clearly detailed
- [ ] Authorised representative details provided if applicable

Funeral Director Confirmation

I confirm that the above instructions have been provided by the applicant or authorised representative and are accurate to the best of my knowledge.

SIGNATURE

FULL NAME

DATE

PHONE NUMBER

Office Use Only

DECEASED REFERENCE

DATE RECEIVED

CONSULTANT NAME

Foreign Ash ☐ Yes ☐ No Decanting Fee Paid ☐ Yes ☐ No