



THE OAKS ANGLICAN CHURCH

St Luke's The Oaks, St Matthew's The Old Oaks

Postal Address: PO Box 6005, The Oaks. NSW 2570

Email: cemetery@toa.church

Application to Inter Ashes and Install Memorial Plaque

PART I (To be completed by the applicant)

Name of Deceased _____

Sex: M / F Date of Birth: _____ Date of Death: _____ Age: _____

Ashes to be interred in Columbarium Wall - ROW _____ NICHE NO. _____

Applicant's Details

Mr, Mrs, Miss, Ms: (Circle One)

Christian Name: _____ SURNAME: _____

Address: _____

Contact Phone No: _____ Mobile: _____

Email: _____

I am (please tick one of the following)

- holder of the right to inter ashes in the above niche, the legal heir of the deceased,
 the executor of the deceased estate, legal representative of the deceased

I hereby make application to have ashes interred and installation of an approved plaque on niche

APPLICANT SIGNATURE: _____ DATE: _____

This work is to be carried out by:

NAME OF LICENSED MONUMENTAL MASON:

I understand the Parish may remove any work from the columbarium wall that is not approved, unsafe or in bad repair. Notice of intent to do so will be forwarded to the last known address of the applicant.

I hereby indemnify The Oaks Anglican Church and its representatives against all actions, proceedings, demands, damages, costs, loss or expenses which may arise.

Please forward Part 2 of this document to the monumental mason for completion and return to:

The Cemetery Administrator, St Luke's Anglican Church, PO Box 6005, The Oaks. 2570.

OR Email to cemetery@toa.church

Note: Application fee \$330 per niche, GST inclusive.

Payment by Direct Transfer to – Westpac Bank Narellan, BSB 032-710, A/c 350300, include – applicant's name and St Matthew's Cemetery as the reference for the deposit.

Please forward an email to cemetery@toa.church including Part 1 and indicating payment has been made, a receipt will be forwarded following approval to proceed..

Commencement Date: 1 April 2024

Version 1



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PART II (To be completed by nominated Monumental Mason)

AGREEMENT OF THE MONUMENTAL MASON

I have been authorised by _____,
the person making the application to prepare such work as is detailed in this document.

I will ensure that the work carried out will be of the highest standard of materials and workmanship and will comply with all regulations and standards that apply to such work, including the rules of the cemetery.

I agree that should the completed work be found to be in breach of any such rules or regulations it will at the request of the Church Wardens be removed by me within seven days of such a request being made.

I hereby agree to pay for any damage to graves, memorials, trees or shrubs incurred during the interment of ashes and setting of the memorial plaque.

I also hereby indemnify the Anglican Parish of The Oaks and its representatives against all actions, proceedings, claims, demands, damages, costs, losses or expenses that may arise as a result of such work being done.

NAME OF LICENSED MONUMENTAL MASON: _____

LICENCE NO. _____

Address: _____

Contact Phone No: _____ Mobile: _____

Email: _____

AUTHORISED REPRESENTATIVE NAME: _____

SIGNATURE: _____

DATE: _____

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SPECIFICATIONS FOR PROPOSED PLAQUE

Work Particulars – please indicate with a tick all work to be undertaken

Structure	
Placement of ashes and fixing of plaque	
Renovation to niche	
Additional Inscription	
Other (please describe)	

Note:

A cast bronze plaque, 140mm x 95mm, with black inscription is mandatory.

Interment of ashes and fixing of the approved plaque is to be undertaken by a licensed and approved monumental mason working to the current Australian Standards.

To be included on a separate page and submitted with this application -

- * Method to be used to fix the plaque over the niche.
- * Details of inscription to be written on the plaque.

Return completed application to –

The Cemetery Administrator, St Luke's Anglican Church, PO Box 6005, The Oaks, 2570,

OR Email to cemetery@toa.church.

When processed a reply will be forwarded indicating approval to undertake project or requesting further information if required.

OFFICE USE:	Application to Inter Ashes and Install Memorial Plaque		
ROW _____	NICHE No _____	Paid: \$ _____	Receipt No: _____
Date: ____/____/____	Approved	/	Further details required
Cemetery Administrator): _____	Signature: _____		

Commencement Date: 1 April 2024	Version 1
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