

APPLICATION FOR PLACEMENT OF ASHES - GRAVE (FDRS020)



89 Earl Street
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Narrogin WA 6312

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CASHIER HOURS:
8:30am – 4:30pm
MONDAY- FRIDAY

Application No: _____

Date Received: _____

FUNERAL HOME

APPLICANT DETAILS

Surname			
Other Names			
Address			
Telephone No		Email address	
Do you wish to attend Placement	Y	N	
Date of Placement		Time	

DECEASED DETAILS

Surname			
Other Names			
Date of Birth	Age	Sex	
Birthplace	Occupation		
Date of Death	Place of Death		

GRAVE DETAILS

Denomination	Section	Number	
Last Interred	Date		
Grant No	Expiry Date		

DECLARATION

I hereby certify that I am the Administrator of the ashes (the person who obtained the Permit to Cremate). I hereby certify that all the details on this form are correct, and that I am authorised to make these arrangements and hereby provide a copy of the Cremation Certificate.

Signed by the Applicant

Signature Date

OFFICE USE ONLY

Application Received	Approved	Initials	
Invoice	Receipt	Date	
Register of Burials	Grant No	Synergy	