

APPLICATION FOR PLACEMENT OF ASHES - GRAVE (FPS020)



89 Earl Street
PO Box 1145
Narrogin WA 6312

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enquiries@narrogin.wa.gov.au

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		Yes	No
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 Interned				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	