

APPLICATION FOR PLACEMENT OF ASHES - NICHE WALL (FDRS021)



89 Earl Street
PO Box 1145
Narrogin WA 6312

(08) 9890 0900

www.narrogin.wa.gov.au
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			Y/N
Date of Placement		Time	

DETAILS of DECEASED 1

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

DETAILS of DECEASED 2

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

NICHE WALL DETAILS

Wall			Position		
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	