

# APPLICATION FOR PLACEMENT OF ASHES - NICHE WALL (FPS021)



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

## FUNERAL HOME

### APPLICANT DETAILS

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

### DETAILS of DECEASED 1

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

### DETAILS of DECEASED 2

Surname			Other Names			
Date of Birth		Age		Sex	M	F
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 / Chronicle	