

APPLICATION FOR PLACEMENT OF ASHES – ROSE GARDEN (FDRS022)



89 Earl Street
PO Box 1145
Narrogin WA 6312

(08) 9890 0900

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enquiries@narrogin.wa.gov.au

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

FUNERAL HOME

Business Name:			
Contact Person:			
Telephone No:		Email Address:	

APPLICANT DETAILS

Surname:			
Other Names:			
Address:			
Telephone No:		Email Address:	
Do you wish to attend Placement?	Y <input type="checkbox"/> N <input type="checkbox"/>	Date of Placement:	
Time:		Position Number:	

DECEASED DETAILS

Surname:			
Other Names:			
Date of Birth:		Place of Birth:	
Date of Death:		Place of Death:	
Age:		Gender:	
Occupation:			

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 authorized to make these arrangements and hereby provide a copy of the Cremation Certificate.

Signed by the Applicant

Signature:		Date:	
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OFFICE USE ONLY

Date Application Received:		Signed by Responsible Officer:	
Entered into Register of Burials:		Grant No. Allocated:	
Invoice/Receipt No.:		CEO Approval:	