

# APPLICATION FOR PLACEMENT OF ASHES – ROSE GARDEN (FPS022)



89 Earl Street  
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Narrogin WA 6312

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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:

## OFFICE USE ONLY

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