

APPLICATION FOR NATURAL BURIAL (FDRS024)



89 Earl Street
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Narrogin WA 6312

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

Application No: _____

Date Received: _____

FUNERAL HOME

DECEASED DETAILS

Surname				
Other Names				
Address				
Date of Birth	Age	Sex		
Birthplace	Occupation			
Date of Death	Date of Burial	Time		
Minister Officiating				

APPLICANT DETAILS

Surname			
Other Names			
Address			
Telephone No	Email Address		

DECLARATION

I hereby certify that I am the Applicant for this interment and agree to be bound by the terms and conditions of the attached Natural Burial Agreement.

Signed by the Applicant

Signature.....Date

OFFICE USE ONLY

Application Received	Agreement Received	Initials	
Application Approved by	Date		
Signed			

Invoice	Receipt	Date	
Register of Burials	Agreement No	Synergy	