

APPLICATION FOR BURIAL (FDRS019)



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 DIRECTOR

DECEASED DETAILS

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

GRAVE DETAILS

Grave	New	Re-open	Reservation	Grant No	
If Reopen/Last internee				Grant Expiry Date	
Denomination	Section		Number		
Coffin Size	Standard	2060mm Long	690mm Wide	430mm High	
	Oversize	Long	Wide	High	

NOTE – The Shire of Narrogin DOES NOT provide seating, shovels or any other additional services.

APPLICANT DETAILS

Surname				
Other Names				
Address				
Telephone No	Email Address			

DECLARATION

I hereby certify that I am the Applicant for this interment and have authority for the use of the Grave:
 I am the person in whose name the Grant was issued.
 I am the personal representative of the Grant Holder.
 I am the person acting expressly on behalf of the Grant Holders Representative.
 None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave.
 (cross out those that are not applicable)

Signed by the Applicant

Signature.....Date

OFFICE USE ONLY

Application Received	Approved	Initials	
Invoice	Receipt	Date	
Register of Burials	Grant No	Synergy	