

# APPLICATION FOR BURIAL (FDRS019)



89 Earl Street  
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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					

## GRAVE DETAILS

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

## 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	