APPLICATION FOR BURIAL (FPS019)



Application No: _

Initials

Date

Synergy

Date Received: ____

89 Earl Street PO Box 1145 Narrogin WA 6312

OFFICE USE ONLY
Application Received

Register of Burials

Invoice

(08) 9890 0900

www.narrogin.wa.gov.au enquiries@narrogin.wa.gov.au CASHIER HOURS: 8:30am - 4:30pm MONDAY- FRIDAY

FUNERAL DIRECTOR	R				
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	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 DOE	S NOT provide sea	ting, shovels or	any other addition	al services.
APPLICANT DETAIL	_S				
Surname					
Other Names					
Address					
Telephone No		Email Address			
DECLARATION					
I am the person I am the person None of the abo	in whose name the al representative of acting expressly of ove persons is immediated are not applicable)	e Grant was issued.	t Holders Repres	entative.	
Signature				Date	

Approved

Receipt

Grant No