

Application for Disposal of Ashes Niche Wall/Cemetery

Personal Details

Name of Deceased:		Male / Female:	
Age:		Date of Birth:	
Last place of Residence:		Date of Death:	
Birthplace of Deceased:		Place of Death:	
Occupation of Deceased:		Sudden Death/Coroners Case:	
Date and Time of Service <i>(no Mondays)</i>	Date:	Time:	

Grave Details

Reserved Grave:	Yes/No	Grant of Right of Burial No:		
Date of Last Interment:				
Name of Last Interment:				
Niche Wall 1 / 2	Limestone Ground Plinth	Ganite Niche Wall	Memorial Garden	Cemetery
Double / Single		Double / Single	Denomination	
Niche No	Niche No	Niche No.	Section	Lot

Grant of Right of Burial

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 is issued.
- I am the personal representative of the Grant Holder.
- I am the person acting expressly on behalf of the Holder's Representative.
- None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave.

Applicant: Signature

Name.....

Address.....

Telephone.....

To the best of my knowledge the answers given to the questions below are true:

The executor or nearest surviving relative of the Deceased

Name:

Address:

Phone Number:

Relationship to the Deceased:

If you are not the executor or nearest surviving relative, state why the application is made by you and not by an executor or nearest surviving relative.

Please return this form to the Shire of Murray either by email to mailbag@murray.wa.gov.au, fax to 9531 1981 or post to PO Box 21, Pinjarra WA 6208

Office Use Only

Paid : \$ _____ Receipt No _____

Plaque Ordered Yes No Date _____

Plaque Received _____ Date _____