



## **Interment of Ashes Application Form**

Cemeteries Act 1986, Cemeteries Local Law 2022

INTERMENT LOCATION										
☐ Dardanup Cemetery	Ferguson Cemetery									
☐ Rose Garden	☐ Niche Wall ☐ Burial Plot									
Plot Number:										
	PERSONAL DETAILS OF THE DECEASED									
Full Name:										
Last Place of Residence										
Date of Birth:	Date of Death:									
Place of Death:										
Occupation:	Gender:									
Funeral Director:	Celebrant:									
Place of Cremation:										
Date of Cremation:	Copy of Cremation Certificate Provided:  Yes / No									
Special Instructions:										
	APPLICANT DETAILS									
Full Name:										
Address:										
Email Address:										
Contact Number:										
Relationship to the Deceased:										



DECLARATION DETAILS										
I hereby certify that I am the applicant for this interment and have the authority for the use of the grave:										
$\square$ I am the person registered as the holder of the current Grant of Right of Burial (Grantee), or										
☐ I am the administrator or executor of the deceased Grant Holder, or										
in the case of a new grave, I am the person to be registered as the Holder of the Grant of Right of Burial (Grantee), state that all the information supplied is true and correct and agree to the conditions under which the Right of Burial is issued										
Signature:		Date:								

OFFICE USE ONLY												
GL CODE:	1027003											
FEE PAYABLE												
SELECT BELOW BASED ON INTERMENT TYPE												
☐ Placement of Cremated Ashes a	t Burial Site Including a Bron	ze Plaque - Ş	\$464.00									
☐ Placement of Cremated Ashes in	n Rose Garden Including a Br	onze Plaque	- \$464.00									
☐ Placement of Ashes in Single Nic	che including Bronze Plaque	- \$464.00										
☐ Placement of Ashes in Double N	liche including Bronze Plaque	e - \$516.00										
☐ Second Placement of Ashes in D	ouble Niche including Bronz	e Plaque - \$4	464.00									
PAYMENT RECEIVED												
OFFICER NAME:												
RECEIPT NUMBER:			DATE PAID:									
CUSTOMER COPY GIVEN	☐ YES ☐ NO		DATE ISSUED:									



## Lettering for plaque to be entered into the boxes below:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
24 PT																					
36 PT																					
24 PT																					
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24PT																					