APPLICATION FOR ASHES INTO A FAMILY GRAVE

# Deceased Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: | . | Gender: |[ ]  M |[ ]  F |
| Address: | . |
| Date of Birth: |  . / . / . | Age: | . | Date of Death: |  . / . / . |
| Occupation: | . | Place of Death: | . |
| Marital Status: | . |
| Cremation Reference: | . | Cremation Date: |  . / . / . |

# Placement Details

|  |  |  |  |
| --- | --- | --- | --- |
| Cemetery: | . | Plot No.: | . |
| Other Interment(s): | . |
| Family to attend: |[ ]  Yes |[ ]  No |
| Location in Grave: |[ ]  Head |[ ]  Foot |[ ]  Other .  |

# Grant Holder Details(Holder of the Grant of Right of Burial)

|  |  |
| --- | --- |
| Name: | . |
| Address: | . |
| Contact: | . |
| Signed: | . | Date: | . / . / . |

*As the Grantee, I hereby approve this placement to occur in the above-mentioned grave.*

# Application Details (If not the Grantee)

|  |  |
| --- | --- |
| Name: | . |
| Address: | . |
| Phone Number: | . |
| Signed: | . | Date: |  . / . / . |

Please complete, sign and return this form by email to info@sop.wa.gov.au, post to Shire of Plantagenet, PO Box 48, Mount Barker WA 6324 or deliver to Reception at the Administration Building at 22-24 Lowood Road, Mount Barker.

|  |
| --- |
| OFFICE USE ONLY |
| Ashes placement date: | . / . / . | Received Certificate of Cremation: |[ ]
| Grant Number: |  | Date issued: | . / . / . | Grant Sent: | . / . / . |
| Fees Applicable: |  | Invoice / Receipt No.: |  |