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.: | |  | |