

Application for Interment of Ashes



Cemeteries Local Law (as amended 2010)

DECEASED DETAILS

Full Name:

Gender:

Male Female

Last Known Residential Address:

Place of Birth:

Place of Death:

Date of Birth:

Date of Death:

Occupation:

Cremation Reference:

Cremation Date:

PLACEMENT DETAILS

Cemetery: Esperance Cemetery Salmon Gums Cemetery Condingup Cemetery

Date of Interment:

Time:

 Graveside Chapel

PLACEMENT IN GRAVE

Grave Location

Section:

Map:

Reference:

Reserved

Name:

Reserve Number:

Date Reserved:

First Internment Second Internment

Name:

Grave Number:

Date of Last Interment:

Location in Grave: Head Foot Under Plinth

OTHER PLACEMENT

Niche Wall Rose Garden Memorial Garden Infant

Name:

Grave Number:

GRANT OF RIGHT OF BURIAL HOLDER DETAILS

Full Name:

Contact Number:

Postal Address:

As Grantee I hereby approve this placement to occur in the above/mentioned grave. Where the Grantee is unable to sign, a Statutory Declaration must be completed.

Signature
Grant of Right of Burial

Date

APPLICANT DETAILS

Full Name: **Contact Number:**

Postal Address:

Email:

I hereby certify that I am the Applicant for this Internment and have authority for the use of this grave.

Signature
Applicant

Date

OFFICE USE ONLY

Certificate of Cremation Received Death Certificate Received

Grant Number Issued: **Date Issues:** **Date Sent:**

Fees Applicable: **Invoice No.:** **Receipt No.:**

Please note: The Shire of Esperance will take the utmost care when interring ashes into an existing grave, however the Shire takes no responsibility for any damages that may occur during this process as older graves can become brittle and fragile over time.