

Shire of Esperance

Application for Ashes Interment



SECTION 1 - Deceased Details

TITLE	GIVEN NAME	SURNAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
LAST KNOWN RESIDENTIAL ADDRESS				
<input type="text"/>				
<input type="text"/>				
DATE OF BIRTH	DATE OF DEATH	MALE/FEMALE	PLACE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OCCUPATION	RELIGION	AGE	PLACE OF DEATH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

PLACEMENT OF ASHES IN A FAMILY GRAVE - COMPLETE SECTION 2, 3 & 4

SECTION 2 - Placement of Ashes in a Family Grave - COMPLETE SECTION 2, 3 & 4

NEW GRAVE	SECOND INTERMENT		
<input type="checkbox"/>	<input type="checkbox"/>		
DATE OF INTERMENT	GRAVE NUMBER # & NAME OF LAST INTERMENT		
<input type="text"/>	<input type="text"/>		
SECTION	RESERVED	RESERVED NUMBER #	CEMETERY
<input type="checkbox"/> LAWN SECTION	<input type="checkbox"/>		<input type="checkbox"/> ESPERANCE
<input type="checkbox"/> NICHE WALL	<input type="checkbox"/>		<input type="checkbox"/> SALMON GUMS
<input type="checkbox"/> ROSE GARDEN	<input type="checkbox"/>		<input type="checkbox"/> GRASS PATCH
<input type="checkbox"/> MEMORIAL GARDEN	<input type="checkbox"/>		
<input type="checkbox"/> INFANT	<input type="checkbox"/>		
<input type="checkbox"/> OTHER	<input type="checkbox"/>		

SECTION 3 - Details of Person Making Application for Interment

TITLE	GIVEN NAME	POSTAL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS	POSTAL ADDRESS	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS		
<input type="text"/>		
MOBILE NUMBER	HOME NUMBER	
<input type="text"/>	<input type="text"/>	
APPLICANTS SIGNATURE	DATE	
<input type="text"/>	<input type="text"/>	



A current Grant of Right of Burial is required to place ashes in or scatter ashes upon a grave. Written authority from the Grant holder is required. If the Grantee is deceased, a Statutory Declaration is required. If a grant has expired, a maintenance or renewal fee may apply. Please contact the Shire of Esperance for further information regarding the Grant of Right of

SECTION 3 - Scattering of Ashes

Location	Cemetery	Area	Section

SECTION 4 - Grantee Details

TITLE	GIVEN NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS		POSTAL ADDRESS
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
EMAIL ADDRESS		
<input type="text"/>		
GRANTEE SIGNATURE	GRANTEE PHONE/MOBILE NUMBER	
<input type="text"/>	<input type="text"/>	

**Please forward completed request form to
Shire of Esperance Attention: Statutory Division, 77 Windich St Esperance
OR PO Box 507 ESPERANCE WA 6450**

Office Use Only

OFFICER	TRIM REFERENCE	DATE ENTERED
<input type="text"/>	<input type="text"/>	<input type="text"/>