



Shire of Denmark

953 South Coast Highway (PO Box 183), Denmark WA 6333

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Burial Number: _____

APPLICATION FOR ASHES INTO A FAMILY GRAVE

Deceased Details					
Full Name:				Gender:	
Address:					
Date of Birth:	/	/	Age:		Date of Death: / /
Occupation:			Place of Death:		
Originating Cemetery:					
Cremation Reference:				Cremation Date:	/ /

Placement Details						
Grave Number:						
Other interment(s)						
Family to attend?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Location in grave	Head <input type="checkbox"/>	Foot <input type="checkbox"/>	Other
Date and time to attend interment:						

Grant Details					
Name:				Expiry Date:	/ /
Email:				Contact Details:	
Address:					
Signature:				Date:	/ /

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.

Applicant Details					
Name:				Contact Details:	
Address:					
Email:					
Signature:				Date:	/ /

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

OFFICE USE ONLY

Ashes placement date:	/ /	Received: Certificate of Cremation <input type="checkbox"/> Death Certificate <input type="checkbox"/>			
Burial Register Updated:		Plan updated:			
Grant Issued:		Date Issued:	/ /	Grant Sent:	/ /
Fees Applicable:		Invoice/Receipt: #			