

APPLICATION FOR PLACEMENT OF ASHES – ROSE GARDEN (FDRS022)



89 Earl Street
PO Box 1145
Narrogin WA 6312

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enquiries@narrogin.wa.gov.au

CASHIER HOURS:
8:30am – 4:30pm
MONDAY- FRIDAY

Application No: _____

Date Received: _____

FUNERAL HOME

APPLICANT DETAILS

Surname			
Other Names			
Address			
Telephone No		Email address	
Do you wish to attend Placement			
Date of Placement		Time	

DECEASED DETAILS

Surname				
Other Names				
Date of Birth		Age		Sex
Birthplace		Occupation		
Date of Death		Place of Death		

DECLARATION

I hereby certify that I am the Administrator of the ashes (the person who obtained the Permit to Cremate). I hereby certify that all the details on this form are correct, and that I am authorised to make these arrangements and hereby provide a copy of the Cremation Certificate.

Signed by the Applicant

Signature.....Date

OFFICE USE ONLY

Application Received		Approved		Initials	
Register of Burials		Grant No		Invoice/Receipt	