

APPLICATION FOR PLACEMENT OF ASHES – ROSE GARDEN (FDRS022)



89 Earl Street
PO Box 1145
Narrogin WA 6312

(08) 9890 0900

www.narrogin.wa.gov.au
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 | |