



Grant of Right of Interment – Placement of Ashes Authority

Cemeteries Act 1986

DETAILS OF DECEASED

Full Name: _____
(include Title, First, Middle and Surname)

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Cause of Death: _____

Age at Death: _____ Place of Death: _____

Previous Occupation: _____

Deceased's denomination: _____ Nationality: _____

Main Address: _____
(Residential / Premises Address including Suburb and Postcode)

DETAILS OF SPOUSE

Full Name: _____
(include Title, First, Middle and Maiden Surname)

DETAILS OF CHILDREN

Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)

Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)

Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)

Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)

DETAILS OF PARENTS

Fathers Name: _____
(include Title, First, Middle and Surname)

Mothers Name: _____
(include Title, First, Middle and Maiden Surname)

LOCATION and INTERMENT DETAILS *(if known)*

Niche Wall Wall: _____ Row: _____ Niche No.: _____

Garden Section: _____ Location: _____ Plot No.: _____

Grave Section: _____ Row: _____ Plot No.: _____

No. of Interments: _____ No. of Ashes: _____ Interment Date: _____

If second interment, name of first interment: _____



APPLICANT (NEXT OF KIN / PERSONAL REPRESENTATIVE) DETAILS

If your contact details change, please notify the Shire of Toodyay Office, in writing, to enable our records to be kept up to date.

Full Name: _____

Postal Address: _____
(if different from above)

Phone (H): _____ (M): _____ (W): _____

Relationship: _____ Email: _____

Signature: _____ Date: _____

Name of Minister or Person Officiating: _____

Name of Funeral Director: _____

OFFICE USE ONLY

If you have any queries regarding this form please contact the Shire's Receptionist on (08) 9574 9300

Amount payable: _____ Grant No.: _____ RMS Ref: _____

Date entered on Cemetery Maps: _____ Receipt No: _____

Date entered into Reservation Register: _____ Grave re-opened: _____

Authorising Officer: _____

Signature: _____ Date: _____