



Shark Bay Public Cemetery

Application for Interment of Ashes

Date of Application:	
Deceased Details:	
Ashes Interment of the Late	Given Name/s:
	Surname:
Age:	Date of Birth:
Birth Place:	Date of Death:
Occupation:	Religion:
Last Place of Residence:	
Place of Death:	Supposed Cause of Death:
Date of Cremation:	Where Cremated:
Celebrant:	Funeral Director:
Applicant Details	
Full Name/s:	
Address:	
Phone:	Email:
Relationship to Deceased:	
Being the: <input type="checkbox"/> Registered Right of Burial Grantee (Copy of Grant to be presented with application) <input type="checkbox"/> Applicant for Grant of Right of Burial (New Interment) <input type="checkbox"/> Bearer of required authorisation (Copy attached) Name of Grant Holder:.....	
<input type="checkbox"/> Grave Or <input type="checkbox"/> Niche Wall	Plot / Wall Number
<input type="checkbox"/> Family to be present	<input type="checkbox"/> No family to be present
I hereby make application to the Shire of Shark Bay for burial of ashes of the above deceased in the allotment designated.	
Signature:	Date:
<i>Note: The Shire of Shark Bay is indemnified against any liability attributed to any incorrect statements or information contained in this form.</i>	
OFFICE USE	
Cremation Certificate provided <input type="checkbox"/>	Record Number: _____
Administration Officer:	Receipt Number: _____
Date of Interment:	Date Received: _____
	Officer present at Interment: _____