Shire of Dardanup

Interment of Ashes Application Form

Cemeteries Act 1986, Cemeteries Local Law 2022

INTERMENT LOCATION		
☐ Dardanup Cemetery	☐ Ferguson Cemetery	
☐ Rose Garden	☐ Niche Wall	☐ Burial Plot
Plot Number:		

PERSONAL DETAILS OF THE DECEASED			
Full Name:			
Last Place of Residence:			
Date of Birth:		**Date of Death:**	
Place of Death:			
Occupation:		**Gender:**	
Funeral Director:		**Celebrant:**	
Place of Cremation:			
Date of Cremation:		☐ Copy of Cremation Certificate Provided	
Special Instructions:			

APPLICANT DETAILS	
Full Name:	
Address:	
Email Address:	
Contact Number:	
Relationship to the Deceased:	

DECLARATION DETAILS

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

☐ I am the person registered as the holder of the current Grant of Right of Burial (Grantee), or

☐ I am the administrator or executor of the deceased Grant Holder, or

☐ in the case of a new grave, I am the person to be registered as the Holder of the Grant of Right of Burial (Grantee), state that all the information supplied is true and correct and agree to the conditions under which the Right of Burial is issued.

Signature:		**Date:**	

Shire of Dardanup, PO Box 7016, EATON, 6232
Ph: (08) 9724 0000 Email: records@dardanup.wa.gov.au

Shire of Dardanup

OFFICE USE ONLY			
ACCOUNTING CODE:	**13045.P10107.AD14004.10130.D202**		
FEE PAYABLE **SELECT BELOW BASED ON INTERMENT TYPE**			
☐ **Placement of Cremated Ashes in Gravesite- $325.60**			
☐ **Placement of Cremated Ashes in Gravesite Including a Bronze Plaque - $498.30**			
☐ **Placement of Cremated Ashes in Rose Garden Including a Bronze Plaque - $596.20**			
☐ **Second Placement of Ashes in Rose Garden including Bronze Plaque - $596.20**			
☐ **Placement of Ashes in Single Niche including Bronze Plaque - $596.20**			
☐ **Placement of Ashes in Double Niche including Bronze Plaque - $774.00**			
☐ **Second Placement of Ashes in Double Niche including Bronze Plaque - $596.20**			
PAYMENT RECEIVED			
OFFICER NAME:			
RECEIPT NUMBER:		**DATE PAID:**	
CUSTOMER COPY GIVEN	☐ **YES** ☐ **NO**	**DATE ISSUED:**	