



## 2017-2018 Application for Interment of Ashes - Mingenew Cemetery

### Deceased Details:

Ashes Interment (Burial) of the Late	Given Name:
	Surname:
Last Place of Residence:	
Age:	Date of Death:
Date of Birth:	Birthplace:
Occupation:	Denomination:
Place of Death:	
Where Cremated:	Date of Cremation:

### Applicants Details:

Name:	
Address:	
Telephone:	
Email:	
Relationship to Deceased:	
Being the:	<input type="checkbox"/> Registered Right of Burial Grantee (Existing Grant Certificate must be attached) <input type="checkbox"/> Applicant for Grant of Right of Burial (New Interment in Niche Wall) <input type="checkbox"/> Bearer of Required Authorisation (Statutory Declaration Attached)

### Funeral Details:

Location	Religion	Ceremony
<input type="checkbox"/> Niche Wall <input type="checkbox"/> Burial Plot Plot Number:	<input type="checkbox"/> Methodist <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Anglican <input type="checkbox"/> Presbyterian	<input type="checkbox"/> Family to be present <input type="checkbox"/> No family to be present <input type="checkbox"/> Memorial only, no ashes
Date Of Burial:		Time:

(Please provided > 1 weeks notice)

I hereby make application to the Shire of Mingenew for burial of the ashes of the above deceased in the allotment designated.

Signed:	Date:
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- Copy of Cremation Certificate provided     Copy of Grant of Right of Burial Certificate provided  
 Statutory Declaration provided



Mingenew Office 21 Victoria Street (PO Box 120) Mingenew WA 6522  
 T (08) 9928 1102 F (08) 9928 1128 E enquiries@mingenew.wa.gov.au  
 mingenew.wa.gov.au

**Fees & Charges:**

Grant of Right of Burial:	\$41.00
Interment of Ashes In Existing Family Plot:	\$60.00
OR Niche Wall Fee & Permission for a plaque:	\$115.00
Other:	
<b>Total</b>	<b>\$</b>

Payment Details:	Electronic Payment- <b>Account Name- Shire of Mingenew</b> <b>BSB 086-833 Acc No.- 508 355 531</b> Please use your business name as the reference. OR Contact the Shire of Mingenew by phone on 9928 1102 to arrange payment over the phone via credit card
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**Office Use Only:**

Application Received by:	Date:
CRM No	Grant Number Issued:
Date of Interment:	Interment by:
Burial Register Number:	Burial Register/Grant Register/Cemetery Map Updated