



21 Victoria St, Mingenew WA 6522  
 PO Box 120, Mingenew WA 6522  
 Ph: (08) 9928 1102 Fax: (08) 9928 1128  
 Email: governance@mingenew.wa.gov.au

### APPLICATION FOR INTERMENT OF ASHES MINGENEW CEMETERY

#### Deceased Details

Ashes Interment	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="radio"/> Registered Right of Burial Grantee ( <i>Existing Grant Certificate must be attached</i> ) <input type="radio"/> Applicant for Grant of Right of Burial (New Interment in Niche Wall) <input type="radio"/> Bearer of Required Authorisation ( <i>Statutory Declaration Attached</i> )

#### Funeral Details

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



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

Signed:

Date:

- Copy of Cremation Certificate provided
- Copy of Grant of Right of Burial Certificate provided (if issued)
- Statutory Declaration provided (if not in possession of a Grant of Burial Certificate)

**Fees & Charges:**

Grant of Right of Burial:	\$50.00
Interment of Ashes in Existing Family Plot and plaque: OR	\$120.00
Permission for a plaque only:	\$50.00

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/Grant Register & Cemetery Map Updated		