

Application for Placement of Ashes Niche Wall

Shire of West Arthur
PO Box 112
31 Burrowes Street
Darkan WA 6392
T: (08) 9736 2400
E: shire@westarthur.wa.gov.au



Funeral Director _____

APPLICANT DETAILS

Surname _____

Other Names _____

Address _____

Telephone Number _____

Email Address _____

Do you wish to attend Placement

YES / NO

Placement Date _____

Placement Time _____

DETAILS of DECEASED 1

Surname _____

Other Names _____

Date of Birth _____

Age _____

Sex _____

Birthplace _____

Occupation _____

Date of Death _____

Place of Death _____

DETAILS of DECEASED 2

Surname _____

Other Names _____

Date of Birth _____

Age _____

Sex _____

Birthplace _____

Occupation _____

Date of Death _____

Place of Death _____

NICHE DETAILS

Wall		Location		Double / Single	
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Was a prior reservation made?

Y <input type="checkbox"/> N <input type="checkbox"/>	Date of Reservation		Receipt Number	
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DECLARATION

DECLARATION I hereby certify that I am the Administrator of the ashes (the person who obtained the Permit to Cremate). I hereby certify that all the details on this form are correct, and that I am authorised to make these arrangements and hereby provide a copy of the Cremation Certificate.

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Receiving Officer:		Date Received:			
<i>Previous Reservation verified (if applicable)?</i> Y <input type="checkbox"/> N <input type="checkbox"/>					
Date of Reservation:		Receipt Number:			
Plaque Requested:	Y <input type="checkbox"/> N <input type="checkbox"/>	P/O Number:			
Plaque Invoiced:		Receipt Number:			
Order of Burial Received:	Y <input type="checkbox"/> N <input type="checkbox"/>	Date:			
Maps Updated	Electronic - <input type="checkbox"/>	Hard Copy - <input type="checkbox"/>	Print Attached - <input type="checkbox"/>	Burial Register Updated	<input type="checkbox"/>

Date of Internment _____ Authorised Officer Signature _____