

# Instruction for Removal of Ashes

Shire of West Arthur  
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31 Burrowes Street  
Darkan WA 6392  
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## Deceased Details:

Name of Deceased: \_\_\_\_\_

Age of Deceased: \_\_\_\_\_

Last place of residence for deceased: \_\_\_\_\_

Place where death occurred: \_\_\_\_\_

Date of Death: \_\_\_\_\_

## Applicant Details:

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Being the:

- Registered Right of Burial Grantee (Copy of Grant of Right of Burial to be presented with application)
- Bearer of required authorisation (copy attached e.g., transferred grant of right of burial)

Reason for removal of ashes: \_\_\_\_\_

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New location of ashes: \_\_\_\_\_

## Removal from Niche Wall:

Ashes only (plaque to remain displayed in niche wall)

Ashes and plaque

Location within Niche Wall: \_\_\_\_\_

Grant Holder: \_\_\_\_\_ Number: \_\_\_\_\_

*Mark space on diagram and attach*

## Removal of Ashes from Family Grave:

Grave Location: \_\_\_\_\_

Grant Holder: \_\_\_\_\_ Number: \_\_\_\_\_

*Mark on diagram and attach*

I hereby make application to the Shire of West Arthur for the removal of the ashes of the above deceased person in the space designated:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_