



Shire of Wickepin
 PO Box 19 WICKEPIN WA 6370
 Ph: 9888 1005 Fax: 9888 1074

**CEMETERIES ACT 1986
 INSTRUCTION FOR PLACEMENT OF ASHES**

Deceased Details

Name of Deceased: _____

Date of Death: _____

Age: _____

Applicant Details:

Name of Applicant: _____

Address: _____

Daytime Telephone No _____

Relationship to Deceased: _____

Being the:

- Registered Right of Burial Grantee (Copy of Grant of Right of Burial to be presented with application)
- Applicant for Grant of Right of Burial (new Interment)
- Bearer of required authorisation (copy attached eg. Transferred Grant of Right of Burial)

Cemetery Details:

Tick cemetery location

Wickepin Yealering Harrismith Toolibin

INTERMENT IN NICHE WALL

Single

Double please list names of previous interment: _____

Location within Niche Wall: _____

Mark space on diagram and attach

PLACEMENT OF ASHES IN FAMILY GRAVE

New Grave: Please complete a Grant of Right of Burial.

Grave Location _____

Mark on diagram and attach

Existing Grave: a current Grant of Right of Burial is required to place ashes in an existing grave. Written authority of the Grant holder is required for the interment of ashes and a statutory declaration is required if the Grant holder is deceased. If a Grant has expired, a renewal fee may apply. Please contact the Shire of Wickepin for further information regarding the Grant of Right of Burial.

Location of Existing Grave: _____

Grant Holder: _____ Number: _____

Previous Interment (& Application Numbers if any): _____

Mark on diagram and attach

SCATTERING OF ASHES

Please complete this section if you wish the ashes to be scattered with the grounds of the cemetery so that the location of scattering is recorded for future generations.

Cemetery chosen for scattering: _____

Location within cemetery: _____

Mark on diagram and attach

I hereby make application to the Shire of Wickepin for the burial of the ashes of the above deceased person in the space designated:

Signature: _____ Date: _____