

**MUNDARING PUBLIC CEMETERY****Application for Interment of Ashes****DECEASED**

Name (in full):

Date of Death:

Age:

Last Place of Residence:

Place where Death occurred:

Occupation:

Birth Place:

Cause of Death:

**INTERMENT**

Location: Mundaring

Niche Wall/Grave

Single Plot

Section:

Plot

Previously Reserved:

No

If No, please provide details of the person requiring the Grant of Right of Burial:

Name (In Full):

Address:

Contact Phone Numbers:

If yes, please state the name of Grantee and Grant Number issued on Reservation:

Grantee Name:

Grant Number:

**FUNERAL**

Name of Funeral Director: N/A

Date of Interment:

Time of Interment:

Signature of Applicant:

Date:

**OFFICE USE ONLY**

Grant of Right Number:

Number of Receipt: