## **MUNDARING CEMETERY**

Application to Purchase Right of Burial in Niche Wall or Memorial Garden



Applicant Details			
Surname:			Title:
Given Names:			
Address:			
			Post Code:
Postal Address:			
Email:			
Contact Number: Alternate Contact:			
Drivers Licence ID Provided: Alternative ID:			
I hereby apply to purchase the Right of Burial specified below at Mundaring Cemetery for the purpose of Ashes Interment and Memorial. The Grant will be valid for 25 years and may be renewed further. I will complete the necessary applications and pay the prescribed fees and charges before any Ashes Interment or memorial may take place.			
Signature:			Date:
Reservation Details			
Cemetery: MUNDARING	Section:		Plot Number:
Purchase Right of Burial Fee: \$			
Office Use – Receipt:	fice Use – Receipt: Office Use – Gra		nt Number:
Additional Reservation Details			
Cemetery: MUNDARING	Section:		Plot Number:
Purchase Right of Burial Fee:		Total:	
Office Use – Receipt: Office Use – Gra		nt Number:	
Additional Reservation Details			
Cemetery: MUNDARING	Section:		Plot Number:
Purchase Right of Burial Fee:			Total:
Office Use – Receipt:	ceipt: Office Use – Gra		nt Number:
7000 Great Eastern Highway Mundaring WA 6073 Ph: 9290 6666 shire@mundaring.wa.gov.au www.mundaring.wa.gov.au			