



Shire of Morawa
Management and Control of Morawa Cemetery Local Law 2018
Form 4
Cemeteries Act 1986

APPLICATION FOR INTERMENT - ASHES

Surname of deceased: _____

Other Names: _____

Birthplace of deceased: _____

Age of deceased: _____

Last place of residence of deceased: _____

Date of death: _____

Please provide copy of Death Certificate

Applicant details

Name of Applicant: _____

Address: _____

Contact number: _____

Relationship to deceased: _____

Grave details

Tick location for interment and fill out corresponding section:

- Niche Wall Placement of Ashes in Grave Scattering of Ashes

A) NICHE WALL

- Single Double

Is it the first interment? _____ Niche Wall cavity number: _____

B) PLACEMENT OF ASHES IN GRAVE

New Grave: please complete a Grant of Right of Burial

Denomination: _____ Grave number: _____

Mark on diagram and attach

Existing Grave: a current Grant of Right of Burial is required to place ashes in an existing grave. If a Grant has expired, a renewal fee may apply. Please contact the Shire of Morawa for further information regarding the Grant of Right of Burial.

Location of Existing Grave: _____

Grantee: _____ Grant number: _____

Previous Interment: _____

Mark on diagram and attach



C) 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 Morawa for the burial of the ashes of the above deceased person in the location attached:

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Before filing this application, please complete the Excel Spreadsheet
W:\Other Property & Services\ADMIN\Cemetery

Date received

Amount paid \$

Receipt number

CEO/Authorised Person: _____ Date: _____