

Instruction for Placement of Ashes – Gravesite



Version 2
Version Date 06-03-2018

Ranger Services
CPT/8 Margaret River Cemetery, CPT/9 Karridale Cemetery

Cemeteries Local Law 2010

Details of Applicant	
Name of Applicant (Grantee)	
Street Address	
Postal Address	
Contact Number/s	
Email	
Relationship to Deceased	

Details of Deceased		
Full Name of Deceased		
Date of Birth		
Date of Death		Age
Place of Death		

Note: Copy of Certificate of Cremation required prior to interment of ashes.

Grave Details		
Gravesite Number		Section
Cemetery		
Interred with (if applicable)		

I hereby certify that I am the Applicant for this interment and have authority for the use of this gravesite.

Signature of Applicant	
Signature of Applicant	
Date	

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