

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 | |

INSTRUCTION FOR PLACEMENT OF ASHES – GRAVESITE