

Application – Placement of Ashes



Town of
Port Hedland



Section A – Deceased's Details

Title:	Mr	Mrs	Ms	Dr
Surname:	First Name:			
Address:				
			Post code:	
Birth Place:		Place of Death:		
Date of Death:		Age:	Male	Female
Occupation:		Religion:		

Section B – Interment Details

Interment date:		Interment time:		
Cemetery:	Section:	Plot:		
Interment into:	Niche Wall	Grave		
Interment to be completed by:		Town of Port Hedland	Third party	

Section C – Applicant Details

Title:	Mr	Mrs	Ms	Dr
Surname:	First Name:			
Relationship to Deceased:				
Address:				
			Post code:	
Email:				
Phone:		Mobile:		

Signature:

Date:

Section D – Grantee Details To be completed if the Grantee is not the deceased

Surname:

First Name:

Address:

Post code:

Email:

As Grantee, I hereby approve this burial to take place in the above mentioned grave.

Signature:

Date:

Section E – Office Use Only

Amount Paid:

Date:

Receipt No:

Record No:

Allocation No:

Authorising Officer:

Signature:

Date:

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Port Hedland**



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