



Shire of Pingelly

**CEMETERIES ACT 1986
INSTRUCTION FOR PLACEMENT OF ASHES**

I,(full name) of

.....(address)

Daytime Telephone No.

hereby provide a copy of the Cremation Certificate and authorise the Ashes of the Late

.....
(Full Name of Deceased) (Date of Death) (Age)

PLACEMENT OF ASHES IN FAMILY GRAVE

Yes Complete Section A, Payment Details & Declaration No

INTERMENT OF ASHES IN NICHE WALL

Yes Complete Section B, Payment Details & Declaration No

SCATTERING OF ASHES

Yes Complete Section C, Payment Details & Declaration No

SECTION A – PLACEMENT OF ASHES IN FAMILY GRAVE

Existing Grave: a current Grant of Right of Burial is required to place ashes in an existing grave. Written authority of the Grant holder is required for the interment of ashes and a statutory declaration is required if the Grant holder is deceased. If a Grant has expired, a maintenance or renewal fee may apply. Please contact the Shire of *Pingelly* for further information regarding the Grant of Right of Burial.

Location of Grave: _____

Grant Holder: _____ Grant Number _____

Previous Interment (& Application Numbers if any) _____

Ashes Container: all ashes are in an eco-friendly biodegradable cardboard container with a plastic liner (except niche wall placements). If you wish to change to a non-biodegradable alternative, these options are available.

FEES PAYABLE (SEE SCHEDULE OF FEES)

Placement Fee \$ _____

Grant of Right of Burial (if applicable) \$ _____

Maintenance Fee (if applicable) \$ _____

Do you wish to attend the placement: Yes No

(If yes, the attendance fee applies (non refundable))

Weekday Sat- AM \$ _____

Associated Fees (if any) \$ _____

Total \$ _____

New Grave: Please complete an Application for Grant of Burial Form.

Location of Grave: _____
Grant Holder: _____ Grant Number _____

SECTION B – INTERMENT OF ASHES IN NICHE WALL

Please complete this section if you wish the ashes to be interred in the Niche Wall within the grounds of the cemetery.

Niche Wall Compartment: Single: Double:

Location within Niche Wall: _____

FEES PAYABLE (SEE SCHEDULE OF FEES)

Interment Fee \$ _____

Do you wish to attend the placement: Yes No

Weekday Weekend \$ _____

Associated Fees (if any) \$ _____

Total \$ _____

SECTION C – SCATTERING OF ASHES

Please complete this section if you wish the ashes to be scattered with the grounds of the cemetery. The location of scattering is recorded for future generations.

Cemetery chosen for scattering: _____

Location within cemetery: _____

FEES PAYABLE (SEE SCHEDULE OF FEES)

Scattering Fee \$ _____

Do you wish to attend the placement: Yes No

(If yes, the attendance fee applies (non refundable))

Weekday Weekend \$ _____

Associated Fees (if any) \$ _____

Total \$ _____

PAYMENT DETAILS:

Once you have completed the relevant details on this form and calculated the fees from the fee schedule, please complete the following payment details:

Total Amount: \$ _____

Cash Cheque Money Order Bankcard Visa Card MasterCard

Please make cheques payable to the Shire of *Pingelly*

Name on Card: _____

Card Number: _____

Cardholder's Address: _____

Cardholder's Phone: _____ Cardholder's Signature _____

DECLARATION:

This request form should only be signed by the Administrator of the ashes (the person who obtained the Permit to Cremate). If you are unsure if you are the Administrator, please ask our staff. I hereby certify that all the details on this request form are correct, and that I am authorised to make these arrangements.

AUTHORISATION:

Administrator's Name: _____

Administrator's Address: _____

Postcode: _____

Phone: _____ Fax: _____ Email _____

Signature: _____ Date: _____

Please forward the completed Request form with payment to the following address:

Shire of Pingelly
17 Queen Street
PINGELLY WA 6308