



Shire of Denmark

953 South Coast Highway (PO Box 183), Denmark WA 6333

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Application Number: _____

**APPLICATION FOR MEMORIAL PLAQUE & ASHES
INTO A NICHE WALL**

Deceased Details						
Full Name:					Gender:	
Address:						
Date of Birth:	/	/	Age:		Date of Death:	/ /
Occupation:			Place of Death:			
Cremation Reference:				Cremation Date:	/ /	

Placement Details	
Niche Location:	
Niche Number:	Single / Double:
Would you like to attend interment: Yes/No	Preferred Date and Time:

Please note – Internal Measurements (cm): SINGLE: 18.5cm(h) x 25cm(d) x 15.5cm(w) DOUBLE: 18.5cm(h) x 25cm(d) x25cm(w)

Applicant Details				
Name:			Contact Details:	
Address:				
Email:				
Signature:			Date:	/ /

I hereby certify that I am the applicant for the interment and have the authority to act on behalf of the deceased.

OFFICE USE ONLY

Date Application Received:	/ /	Received: Certificate of Cremation <input type="checkbox"/>
Memorial/Ashes Placement date:	/ /	Plan updated/Computer updated: / /
Fees Applicable:		Invoice/Receipt #