

APPLICATION FOR INTERMENT OF ASHES AND/OR
PLACEMENT OF MEMORIAL
BUSSELTON AND DUNSBOROUGH CEMETERIES



All correspondence to:
The Chief Executive Officer, Locked Bag 1, Busselton WA 6280
P: (08) 9781 0444 E: city@busselton.wa.gov.au W: www.busselton.wa.gov.au

Deceased Details:	Given Name:	
	Surname:	

Applicants Details:

Name:			
Address:			
Telephone:			
Email:			
Relationship to Deceased:			
Being the:	<input type="checkbox"/> Applicant for Grant of Right of Burial (New Interment) <input type="checkbox"/> Grant of Right of Burial Holder(Copy of Grant to be presented with application) <input type="checkbox"/> Bearer of required authorisation (ie executor/administrator of original Grantees Estate – copy of documentation naming executor/administrator required) Name of Previous Grant Holder _____		
Cemetery <input type="checkbox"/> Busselton <input type="checkbox"/> Dunsborough	<input type="checkbox"/> Memorial Drive <input type="checkbox"/> Rose Garden <input type="checkbox"/> Niche Wall <input type="checkbox"/> Burial Plot <input type="checkbox"/> Native Garden <input type="checkbox"/> Contemplation Garden <input type="checkbox"/> Jacaranda Tree <input type="checkbox"/> Native Tree	<input type="checkbox"/> Catholic <input type="checkbox"/> Anglican <input type="checkbox"/> OPD <input type="checkbox"/> Lawn	Section: A B C D E F G H I J K L M Lot No: _____ Reopen: Yes / No
<input type="checkbox"/> Family to be present	<input type="checkbox"/> No family to be present	<input type="checkbox"/> Memorial only no ashes	
I hereby make application to the City of Busselton for burial of the ashes and or placement of memorial plaque of the above deceased in the allotment designated.			
Signature:		Date:	

APPLICATION FOR INTERMENT OF ASHES AND/OR
PLACEMENT OF MEMORIAL
BUSSELTON AND DUNSBOROUGH CEMETERIES



All correspondence to:
The Chief Executive Officer, Locked Bag 1, Busselton WA 6280
P: (08) 9781 0444 E: city@busselton.wa.gov.au W: www.busselton.wa.gov.au

Additional Information:

Name of Deceased:			
Last Place of Residence:			
Place of Death:			
Age:		Date of Death:	
Birthplace:		Date of Birth:	
Denomination:		Celebrant:	
Occupation:		Funeral Director:	
Where Cremated:			
Date of Cremation:			

Copy of Cremation Certificate provided

Estimated Costs:

Grant of Right of Burial:	
Interment of Ashes:	
Plaque:	
Concrete Plinth:	
Other:	
Total:	

Office Use Only:

CRM No:			<input type="checkbox"/>
Date of Interment:		Interment By:	

Current to 30 June 2022