



SHIRE OF BROOKTON PUBLIC CEMETERY

NICHE WALL Application for Interment

New Interment

Previously Reserved Interment

No.

Row No.

Deceased Details

Surname: _____

Given Names: _____

Deceased last place of residence: _____

_____ Post Code: _____

Date of Birth: ____/____/____ Date of Death ____/____/____ Age ____

Female Male Place where death occurred: _____

Executor/ Family Details

Name of Executor: _____

Relationship to Deceased: _____

Postal Address: _____

_____ Post Code: _____

Signature: _____ Date: ____/____/____

Name of Direct Family Members:

Details of Burial

Proposed Dates: ____/____/____ Proposed Time: _____ AM/PM

Religious Denomination: _____

Name of Minister/Priest Officiating: _____

Funeral Directors Details

Company Name: _____

Contact Person: _____

Postal Address: _____

_____ Post Code: _____

Contact No.: _____

I certify that details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death / Death Certificate.

Signature: _____

Date: ____/____/____

NICHE Wall Type / Size

Single

Double

Is the NICHE Wall to hold Ashes?

Yes

NO

Office Use ONLY

Location details Confirmed

Time confirmed: _____

Religious Denomination: _____

No.

Row No.

Administrative details

Details confirmed with Funeral Director

Enter on computer

Entered on Map

Any Additional Costs Invoiced _____

Fees paid

Interment Fee: _____

Total Paid: _____ Receipt No: _____ Date: ____/____/____

For Further Information

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