

THE SECRETARY
ALBANY CEMETERY BOARD
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Allambie/Memorial Park Cemetery - Interment of Ashes at Gravesite/Memorial Gardens

DECEASED*

Surname.....

Given Names.....

Age.....Sex.....

Late Residence.....

Place of Death.....

Date of Death.....

Grantee/Executor/Administrator

Full Name

Address

.....

Cremation No.

Grant No.....

Fees

Inter

Registration.....

Plaque/

Attend

Total

Grave/Memorial Site

Comp.

Sect.

No.

Interment to take place on

Day/Date..... Time.....am/pm

Application - made onat.....am/pm

By (initials and surname).....

Address of Applicant.....

Signature of Applicant.....

***N.B. If applicable please attach a copy of the Cremation Certificate (re-registration from another Crematoria)**

Received for and on behalf of the Board byon...../...../200 .. atam/pm

I CERTIFY that interment of the ashes of the above deceased person occurred at Allambie/Memorial Park Cemetery in the grave site nominated in this application, at.....am/pm on the.....day of.....200 .

.....
FOREMAN