

**LOCAL GOVERNMENT ACT 1995**  
**SHIRE OF MORAWA**  
**LOCAL LAWS RELATING TO THE MANAGEMENT AND CONTROL OF THE**  
**MORAWA CEMETERY**

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Management and Control of Morawa Cemetery  
Form 5

CEMETERIES ACT 1986

**APPLICATION FOR CREMATION AND INSTRUCTION FOR ASHES**

(cl 3.2)

APPLICATION No. ....

SURNAME OF DECEASED: .....

OTHER NAMES: .....

OCCUPATION: .....

ADDRESS: .....

AGE: .....DATE OF DEATH: ...../...../20.....

DATE & TIME OF BURIAL: ...../...../20..... RELIGIOUS AFFILIATION.....

AREA: ..... SECTION: ..... GRAVE NO:.....

GRANT NUMBER: .....

GRAVE TYPE.....

PLACE "X" IN BOX IF:

MALE:

FEMALE:

OTHER INTERMENT APPLICATION NUMBERS:

.....

.....

NAME AND ADDRESS OF ADMINISTRATOR:

.....

SIGNATURE .....

DATE: .....

DISPOSAL DETAILS:

.....

NAME OF MINISTER OR PERSON NAME OF FUNERAL OFFICIATING: DIRECTOR:

.....

SIGNATURE:..... SIGNATURE:.....

DATE: ...../...../20..... DATE: ...../...../20.....

DATE CREMATION PERMIT ISSUED: ...../...../20.....

No. OF CREMATION PERMIT: .....

RECEIPT No: .....

TELEPHONE No: .....

CERT. OF CREMATION PREPARED: ...../...../20.....

LETTERS RE DISPOSAL OF ASHES SENT: ...../...../20.....

ORDERED: ...../...../20.....

COMPLETED: ...../...../20.....