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:	❑ Applicant for Grant of Right of Burial (New Interment) ❑ Grant of Right of Burial Holder(Copy of Grant to be presented with application) ❑ Bearer of required authorisation (ie executor/administrator of original Grantees Estate – copy of documentation naming executor/administrator required) Name of Previous Grant Holder _____	

Cemetery			
❑ Busselton ❑ Dunsborough ❑ Metricup	❑ Memorial Drive ❑ Rose Garden ❑ Niche Wall ❑ Burial Plot ❑ Native Garden ❑ Contemplation Garden ❑ Jacaranda Tree ❑ Native Tree	❑ Catholic ❑ Anglican ❑ OPD ❑ Lawn	Section: A B C D E F G H I J K L M Lot No: _____ Reopen: Yes / No

❑ Family to be present	❑ No family to be present	❑ 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:

Document Set ID: 1866178
Version: 16, Version Date: 25/09/2026

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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:			❑
Date of Interment:		Interment By:	

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