



*Shire of Denmark*

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Application Number: \_\_\_\_\_

**APPLICATION FOR MEMORIAL PLAQUE ONTO NICHE WALL or MEMORIAL TREE**

Deceased Details						
Full Name:					Gender:	
Address:						
Date of Birth:	/	/	Age:		Date of Death:	/ /
Occupation:			Place of Death:			
Cremation/Death Certificate Reference:			Cremation Date:	/	/	

Placement Details		
Niche Location/Memorial Tree:		
Niche/Memorial Tree Number:		
Single/ Double:		Would you like to attend the placement of memorial: Yes/No

Applicant Details				
Name:			Contact Details:	
Address:				
Email:				
Signature:			Date:	/ /

I hereby certify that I am the applicant for the interment and have the authority to act on behalf of the deceased.

**OFFICE USE ONLY**

Date Application Received:	/ /	Received: Certificate of Cremation <input type="checkbox"/>	Death Certificate <input type="checkbox"/>
Memorial Placement date:	/ /	Plan updated:	/ /
Fees Applicable:		Invoice/Receipt #:	