

## **Application for Burial and Instruction for Grave**

Cemetery			Deno	minatio	n/Sec	tion and I	Plot Numbe	er		
Derby	Derby				Catholic					
Fitzroy Crossing	Fitzroy Crossing				Protestant					
Grave Type			Gr	ave Dep	th					
New Grave				Single Grave Depth 1800 x Length 2400 x Width 7						
Reserved	Reserved				Double Grave Depth 2200 x Length 2400 x Width 7					
Re-Open Existing Grave				Other Grave: Please provide dimensions below L) W)						
Other										
Plot Number:										
Coffin Details										
Coffin Dimensions (mm)	in Dimensions (mm) Length:			Width:			Height:			
Coffin Type										
Details of Deceased										
Surname:				Given Na	ıme:					
Last Place of Residence:			Suburb:				Postcode:			
Birth Place:	Birth Place:		Suburb:				Postcode:			
Date of Birth:										
Date of Death:							Age:			
Place of Death:			Suburb:				Postcode:			
Documentation attached:	☐ Death Certificate									
Details of Burial:										
Date of Burial:					Time o	of Burial:				
Name of Officiating Minister/Priest:										
Family to dig grave?										

Derby

**3** (08) 9191 0999

30 Loch Street ☑ sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728

## Fitzroy Crossing

**3** (08) 9191 5355 ☑ sdwk@sdwk.wa.gov.au Flynn Drive PO Box 101, Fitzroy Crossing



Surname:				Give	n Name:				
Residential Address:			Suburb:				Postcode:		
Postal Address:			Suburb:				Postcode:		
Email:			Phone:				Mobile:		
Signature:				Date	e:			I	
As Grantee, I hereby approve this completed.	burial	to take place in the above-mention	ned grave. W	/here t	he grantee is ur	nable to s	sign, a statutor	y declaration	n must be
Details of Applicant									
Surname:				Given Name:					-
Company Name:					_				
Residential Address:			Suburb:				Postcode:		
Postal Address:	ostal Address:						Postcode:		
Email:			Phone:				Mobile:		
Signature of Applicant:	Applicant for this internment and ha	ve the author	ity for the use of this grave.			Date:			
Details of Funeral Directo	<u>,</u>								
Company Name:	r								
Office Address:			Suburb:				Postcode:		
Postal Address:			Suburb:				Postcode:		
Email:			Phone:						
SHIRE ADMINISTRATION (	USE (	ONLY							
Denomination:					Plot Number:				
Description of Fees Payable:									
Total Fees Payable:			Date paid	:			Receipt:		
Shire Officer Name:					Officer Signa	ture:			
Death/Doctor's/Coroner's certificate provided:					Attached:				
Authorised Approving Officer:			Signature	:			•	Date:	1
Date Grant sent to Applicant:					Register of B	urials:			
Certificate of ID provided by Funeral director (7 days after burial):					Attached:				

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