





# Shire of Derby / West Kimberley

## Grant Details (Holder of Grant of Right Burial for previously reserved plot or in the case of reopening grave)

Surname:		Given Name:			
Residential Address:		Suburb:		Postcode:	
Postal Address:		Suburb:		Postcode:	
Email:		Phone:		Mobile:	
Signature:			Date:		

As Grantee, I hereby approve this burial to take place in the above-mentioned grave. Where the grantee is unable to sign, a statutory declaration must be completed.

## Details of Applicant

Surname:		Given Name:			
Company Name:					
Residential Address:		Suburb:		Postcode:	
Postal Address:		Suburb:		Postcode:	
Email:		Phone:		Mobile:	

## Declaration

### **Important: Please read and sign this declaration for your application to be processed**

I certify that the details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death/Death Certificate, as attached. I hereby certify that I am the Applicant for this interment and have the authority for the use of this grave.

Signature of Applicant:				Date:	
-------------------------	--	--	--	-------	--

## Details of Funeral Director

Company Name:					
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 Signature:	
Death/Doctor's/Coroner's certificate provided:				Attached:	
Authorised Approving Officer:		Signature:			Date:
Date Grant sent to Applicant:			Register of Burials:		
Certificate of ID provided by Funeral director (7 days after burial):			Attached:		

## Derby

(08) 9191 0999 | 30 Loch Street  
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

## Fitzroy Crossing

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