



Shire of Derby / West Kimberley

Grant Details (Holder of Grant of Right Burial for previously reserved plot)

Surname:		Given Name:	
Residential Address:		Suburb:	Postcode:
Postal Address:		Suburb:	Postcode:
Email:		Home 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:		Home 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 internment and have the authority for the use of this grave.

Signature of Applicant:		Date:	
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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:	
Authorised Approving Officer:		Signature:	Date:
Date Grant sent to Applicant:		Register of Burials:	

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