

APPLICATION FOR BURIAL

☐ MEDICAL CERTIFICATE
☐ CORONERS ORDER



Shire of Wickepin

PO Box 19 WICKEPIN WA 6370

Phone: 9888 1005 Fax: 9888 1074

Email: admin@wickepin.wa.gov.au

Cemetery Location:

SECTION 1 Deceased Details	Surname:		☐ Male ☐ Female	
	First Name:		Second Names:	
	Address:			
			Post Code:	
	Date of Birth: / /	Age:	Occupation:	
	Birthplace:		Religion:	
	Date of Death: / /	Place of Death:		
	Cause of Death:			
	Date of Burial: / /	Time: : ☐ AM ☐ PM	Private: ☐ Yes ☐ No	
Minister/Celebrant Officiating:			Denomination:	

SECTION 2 Grave Details	☐ New Grave ☐ Re-Open ☐ Pre-Purchase		Grant Number:	Expiry Date:
	If Reopen, Name of Last Interned:			
	If Reopen, Monument in Place? ☐ YES ☐ NO If yes, who to remove?			
	Location:	Denomination:	Section:	Number:
	Digging Depth ☐ Standard ☐ Double Depth		Pre-Purchase Adjoining Grave ☐ Yes ☐ No	
	Coffin/Casket Details		☐ Coffin - Standard Shape ☐ Casket - Regular Square	
	Coffin/Casket Type		Material	
	Dimensions	☐ Standard = 2060mm Long, 620mm Wide, 430mm High		
		☐ Other/Oversize (please specify): Long Wide High		
	Grant of Right	☐ Deceased is Grant Holder ☐ New Grant Required ☐ Existing Grant		
Existing Grant Holder Name:				
Statutory Declaration ☐ Yes ☐ No (Required where the applicant for the funeral is not the Grantee or the Grantee is deceased and the interment is for a person other than the Grantee)				

SECTION 3 Personal Details of Applicant for Burial	Surname:		☐ Mr ☐ Mrs ☐ Ms ☐ Other	
	First Names:			
	Address:			
			Postcode:	
	Telephone Number: ()		Email:	
	Declaration: I hereby certify that I am the applicant for this interment and have authority for the use of the grave, I am the person whose name the grant was issued / I am the personal representative of the Grant Holder / I am the person acting expressly on behalf of the Holders Representative / None of the above mentioned are immediately available or ascertainable and I hereby authorise use of the grave.			
	Signature:		Date: / /	

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SECTION 4 Grantee Details For New Grave	Surname:		☐ Mr ☐ Mrs ☐ Ms ☐ Other	
	First Names:			
	Address:			
				Postcode:
	Telephone Number: ()		Email:	
	Signature:		Date: / /	

SECTION 5 Authority To Charge	Company Name:		Branch:	
	Name of Arranger:			
	Address:			
			Postcode:	
	Telephone Number: ()		Email:	
	Signature:		Date: / /	

SECTION 6	
Additional Request & Comment	

☐ Interment	☐ Re-Open	☐ Pre-Need	☐ Grant	☐ Renewal
☐ Placement of Ashes Existing Grave		☐ Double Reservation	☐ Single Reservation	
☐ Grave Number Plate		☐ Other		

Application Received Date: / /	Time: : AM ☐ PM ☐	Initial:
Application Approved by _____ on (date) _____		
Signed: _____		

Burial Order Number:	Register of Burials (page no):
Orders Received:	Grant ID:
Invoice:	Depth of Interment: