



**APPLICATION FOR BURIAL
AND INSTRUCTION FOR GRAVE**

Shire of Wickepin
PO Box 19 WICKEPIN WA 6370
Phone: 9888 1005 Fax: 9888 1074
Email: admin@wickepin.wa.gov.au

Deceased Details			
Full Name		Gender	
Address			
Occupation		Age	
Date of Birth	/ /	Place of Birth	
Date of Death	/ /	Place of Death	

Funeral Details			
Name of Cemetery	<input type="checkbox"/> WICKEPIN	<input type="checkbox"/> YEALERING	<input type="checkbox"/> HARRISMITH <input type="checkbox"/> TOOLIBIN
Day and Date of Burial		Time of Burial	
Name of Officiator			Govt. Burial <input type="checkbox"/> Yes

Grave Details			
Denominational Ground / Section		Grave No.	
Grave Type		Grave Depth	
Coffin Dimensions	Length: mm	Width: mm	Height: mm
Coffin Type			
Previous Interment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previous Interment Date

Grant Details	
Name	Contact Details
Address	

Applicant Details	
Name	Contact Details
Address	
Relationship to Deceased	
Signature	Date / /

I hereby certify that I am the Applicant for this interment and have authority for the use of this grave.

Funeral Director Details	
Name	Contact Details
Signature	Date / /

OFFICE USE ONLY

Doctors Certificate Received <input type="checkbox"/>	Coroners Order received <input type="checkbox"/>		
Grant Number Issued	Date Issued / /	Invoice/Receipt #	
Approved by Authorised Issuing Officer		Date / /	