



Shire of Denmark

953 South Coast Highway (PO Box 183), Denmark WA 6333

Ph: (08) 9848 0300

Email: enquiries@denmark.wa.gov.au Website: www.denmark.wa.gov.au ABN: 24355062623

Burial Number: _____

APPLICATION FOR BURIAL AND INSTRUCTION FOR GRAVE

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

Funeral Details			
Name of Cemetery:			
Day, Date and Time of Burial:			
Name of Officiator:			Govt. Burial <input type="checkbox"/> Yes

Grave Details			
Grave Number:		Grave Depth:	Extra Depth required (how much):
Coffin Type:			
Coffin Dimensions	Length: mm	Width: mm	Height: mm
Is there a Current Reservation:			

Grant Details			
Name:		Phone Number:	
Address:			
Email Address:			
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.

Applicant Details			
Name:		Phone Number:	
Address:			
Email Address:			
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	
Address:			
Email Address:			
Signature:			Date: / /



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OFFICE USE ONLY

Doctors Certificate Received <input type="checkbox"/>		Coroners Order received <input type="checkbox"/>	
Burial Register updated:		Plan Updated:	
Grant of Right Issued:		Date Issued	/ /
			Grant Sent: / /
Fees Applicable:		Invoice/Receipt #	