



Cemeteries Act 1986 / Shire of Lake Grace Cemeteries Local Law 2017

Application for Burial

| DECEASED DETAILS | | | |
|-------------------------------|---|--|--|
| Full Name | | | |
| Occupation | | Religion | |
| Last Place of Residence | | | |
| Birthplace | | | |
| Date of Birth | | Sex | |
| Date of Death (dd/mm/yyyy) | | Age at Death | |
| Place of Death | | | |
| Cause of Death | | | |
| Documentation | <input type="radio"/> Death Certificate, or <input type="radio"/> Medical Certificate, or <input type="radio"/> Coroner's Order AND: <input type="checkbox"/> Certificate of Identification | | |
| BURIAL DETAILS | | | |
| Cemetery | <input type="radio"/> Lake Grace <input type="radio"/> Lake King | <input type="radio"/> Newdegate <input type="radio"/> Varley | |
| Cemetery Section | <input type="radio"/> Roman Catholic <input type="radio"/> All Denominations | <input type="radio"/> Church of England <input type="radio"/> Other | |
| Plot Number | | Grant # | |

How to return this form:

- Attach completed PDF to an email and send to shire@lakegrace.wa.gov.au
- Post to PO Box 50, Lake Grace WA 6353
- Hand in to the Shire Front Reception on 1 Bishop St, Lake Grace





| | | |
|-----------------------------------|--|---------------------------------------|
| Type of Interment | <input type="radio"/> New Grave | <input type="radio"/> Re-opening |
| Digging Depth | <input type="radio"/> 1.8m (Standard) | <input type="radio"/> 2.1m (Double) |
| Coffin/Casket Size | <input type="radio"/> Standard: 2,060mm Long x 690mm Wide x 430mm High <input type="radio"/> Other: _____ mm Long x _____ mm Wide x _____ mm High | |
| Date of Burial (dd/mm/yyyy) | | Time of Burial |
| Officiating Minister/Celebrant | | |
| Privacy | <input type="radio"/> Public Funeral | <input type="radio"/> Private Funeral |

GRANT OF RIGHT OF BURIAL CONFIRMATION

| | | | |
|--|--|---------------|--|
| Grantee's Full Name | | | |
| Address 1 (Unit #, street # & name) | | | |
| Address 2 (Suburb, post code) | | | |
| Phone Number | | Mobile Number | |
| Email Address | | | |

APPLICANT/FUNERAL DIRECTOR DETAILS

| | | | |
|--|--|---------------|--|
| Full Name/Company Name | | | |
| Address 1 (Unit #, street # & name) | | | |
| Address 2 (Suburb, post code) | | | |
| Phone Number | | Mobile Number | |
| Email Address | | | |

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Applications for burials can only be accepted when supplied with a valid Grant of Right of Burial grant number. If you do not have a valid grant you may submit an application for one along with this form.

Grant of Right of Burials remain with the Grantee even after interment of the Deceased. You will need to present one to the Shire when applying for monumental works in the future, or if you wish to carry out a second interment in the same burial plot.

If the Grantee is unable to grant permission for the use of the Grant of Right of Burial due to incapacitation or death, the Applicant's Signature below is used as a Statutory Declaration to act on behalf of the Grantee.

Applicant's Signature

Date

By signing the above, I, the Applicant, hereby certify that I am authorised as the Grantee/representative of the Grantee to use the Grant for the burial of the Deceased, and can act as the Grantee/their representative for all other matters in regards to the burial.

Authorised by

Date

| OFFICE USE ONLY | | | |
|---------------------------------|--|-----------------------------------|--|
| Date of Payment (dd/mm/yyyy) | | Fee Amount | |
| Receipt Number | | Grant Number | |
| Officer's Name | | Single Funeral Permit Received | |

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