



## Shire of Esperance Public Cemeteries Application for Burial and Instruction for Grave / Interment of Ashes

- Esperance Cemetery     Salmon Gums Cemetery  
 Ashes Interment only     Burial

Date of Application:    /    /

Grave Number: \_\_\_\_\_

### Details of the Deceased

Surname: \_\_\_\_\_

Other Names: \_\_\_\_\_

Late usual place of residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gender:     Male     Female                      Religion: \_\_\_\_\_

Date of Birth:    /    /                      Age:                         Place of Birth: \_\_\_\_\_

Date of Death:    /    /                      Place of Death: \_\_\_\_\_

### Details of Burial

Date and Time of Burial:    /    /                      :

Section	Size of Ground	Depth of Grave	Length / width of coffin	Length / width of URN
<input type="checkbox"/> Lawn	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard
<input type="checkbox"/> Rose Garden	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Infant				
<input type="checkbox"/> Niche Wall				

**Note:** If this is a Reserved Grave or a Second Interment, the Right of Burial must be received before the funeral may take place

First Interment                      Reserved Grave No# & Name: \_\_\_\_\_

Second Interment    Grave No# & Name of last interment: \_\_\_\_\_

Date of last interment:    /    /

### Grant of Right of Burial – Name and address of person making application for Grant of Right of Burial

I am the authorised person to apply for a Grant of Right of Burial  
 Second Interment – I am the person whose name the Grant of Right of Burial was issued  
 Second Interment – I am the person authorised to apply for a Transfer of Grant of Right of Burial

**Note:** For a Reserved Grave or a Second Interment, evidence will be required to certify that the applicant is authorised to make application for a Transfer of Grant of Right of Burial.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Signature: \_\_\_\_\_

### Full name and address of person making Application for Burial

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_                      Signature: \_\_\_\_\_

Name of undertaker: \_\_\_\_\_                      Date:    /    /

Signature of undertaker: \_\_\_\_\_

Name of Minister or person to officiate at service: \_\_\_\_\_

Signature of Minister or person officiating: \_\_\_\_\_

**Notification must be given at least 24 hours prior to burial**