

# Application for Burial



Cemeteries Local Law (as amended 2010)

## DECEASED DETAILS

Full Name:

Gender:

 Male  Female

Last Known Residential Address:

Place of Birth:

Place of Death:

Date of Birth:

Date of Death:

Occupation:

## SERVICE DETAILS

Burial Date:

Chapel Time:

Graveside Time:

Name of Officiator:

## GRAVE DETAILS

Cemetery:  Esperance Cemetery  Salmon Gums Cemetery  Condingup Niche Wall

First Interment

Grave Number:

Map:

Reference:

Section:

Lawn  Memorial Garden  
 Niche Wall  Infant  
 Rose Garden  Other \_\_\_\_\_

Grave Type:

Standard  
 Other \_\_\_\_\_

Grave Depth:

Standard  
 Other \_\_\_\_\_

Second Interment

Name:

Grave Number:

Reserved

Name:

Reserve Number:

## APPLICANT DETAILS

Full Name:

Contact Number:

Postal Address:

Residential Address:

Continued...

Email:

Signature

Applicant

Date

**GRANTEE DETAILS**

Full Name:

Contact Number:

Postal Address:

Residential Address:

Email:

As Grantee I hereby approve this placement to occur in the above/mentioned grave.

Signature

Grantee

Date

**FUNERAL DIRECTOR DETAILS**

Invoice Funeral Director

Company Name:

Contact Number:

Funeral Director Name:

Signature

Funeral Director

Date

**OFFICE USE ONLY**

Officer:

CM-9 Ref:

Date Entered: