

Application for Burial



Cemeteries Act 1986, Cemeteries Local Law 2024

Deceased Details

Surname	<input type="text"/>		
Given Name/s	<input type="text"/>		
Last known address	<input type="text"/>		
Place of Birth	<input type="text"/>	Place of Death	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Death	<input type="text"/>

Applicant Details

The applicant will become the Grantee to whom the Grant of Right of Burial will be issued.

Surname	<input type="text"/>
Given Name/s	<input type="text"/>
Contact Number	<input type="text"/>
Address	<input type="text"/>
Postal Address (if different from above)	<input type="text"/>
Email	<input type="text"/>

Signature Grantee

Date

Funeral Details

Burial Day	<input type="text"/>	Burial Date	<input type="text"/>
Name of Officiator	<input type="text"/>		
Burial Time	<input type="text"/>		

Grave Details

Cemetery	<input type="checkbox"/> Esperance	<input type="checkbox"/> Salmon Gums	
	<input type="checkbox"/> New Burial	<input type="checkbox"/> Second Interment	<input type="checkbox"/> Reserved Plot
Name of First Interment (if applicable)			
First Interment Grave Number (if applicable)			
Name of Reserve (if applicable)			
Reserve Number (if applicable)			
Map		Map Reference	
Section	<input type="checkbox"/> Lawn	<input type="checkbox"/> Infant	<input type="checkbox"/> Other:
Family Requests (if applicable)	<input type="checkbox"/> Oblong / Oversize Casket <input type="checkbox"/> Leave Shovels / Dirt <input type="checkbox"/> Other		

Funeral Director Details

Invoice Funeral Director	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Funeral Director		

Signature <i>Funeral Director</i>	Date
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Office Use ONLY

Grave Number		Reserve Number			
<input type="checkbox"/> Authority	<input type="checkbox"/> Maps	<input type="checkbox"/> Burial Reg	<input type="checkbox"/> Calendar	<input type="checkbox"/> Invoice	<input type="checkbox"/> GROB

