

Burial Application and Instruction for Grave

Cemeteries Act 1986

Application Date: _____ Application No.: _____

Deceased Details

Full Name: _____
 Occupation: _____ Gender: M F LBGITQ
 Main Address: _____
(Residential / Premises Address including Suburb and Postcode)
 Place of Birth: _____ Date of Birth: _____
 Place of Death: _____ Date of Death: _____
 Last residence: _____ Age: _____

Details of Spouse

Full Name: _____
(include Title, First, Middle and Maiden Surname)

Details of Children

Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)
 Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)
 Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)
 Full Name: _____ D.O.B.: _____
(include Title, First, Middle and Surname)

Details of Parents

Fathers Name: _____
(include Title, First, Middle and Surname)
 Mothers Name: _____
(include Title, First, Middle and Maiden Surname)

Funeral Details

Statutory Declaration shall be required if grantee of gravesite is deceased.

New Burial: Yes No Grant of Burial: Current Expired

If Grant of Right of Burial has expired, grant is required to be renewed prior to burial.

Current Grant No: _____

Other Interment Application Numbers: _____

Name of Minister/Person Officiating: _____ Contact No: _____

Denomination *(subject to availability)*: _____ Burial Date: _____

Section: _____ Row: _____ Grave No: _____

Coffin size: _____ Size of Ground: _____ Burial Time: _____

Depth for 2?: Yes No Existing Monument?: Yes No

Extra depth? Yes No Re-Opening: Yes No



Administration Centre
 15 Fiennes Street (PO Box 96)
 TOODYAY WA 6566

T (08) 9574 9300
F (08) 9574 2158
E records@toodyay.wa.gov.au
W www.toodyay.wa.gov.au

Applicant (Next of Kin / Personal Representative) Details (Grantee)

If your contact details change, please notify the Shire of Toodyay Office, in writing, to enable our records to be kept up to date.

Full Name: _____
Postal Address: _____
Phone (H): _____ (M): _____ (W): _____
Email: _____

As Grantee I hereby approve this burial to take place in the abovementioned gravesite.

Grantee Signature: _____ Date: _____

Holder of Grant of Right of Burial

If your contact details change, please notify the Shire of Toodyay Office, in writing, to enable our records to be kept up to date.

Full Name: _____
Postal Address: _____
Phone (H): _____ (M): _____ (W): _____
Email: _____

As Holder of Grant of right of burial, I hereby approve this burial to take place in the abovementioned gravesite.

Signature (if applicable): _____ Date: _____

Funeral Director Details

If contact details change, please notify the Shire of Toodyay Office, in writing, to enable our records to be kept up to date.

Funeral Company: _____
Funeral Director Name: _____
Postal Address: _____
Phone (H): _____ (M): _____ (W): _____
Email: _____
Signature (if applicable): _____ Date: _____

OFFICE USE ONLY

If you have any queries regarding this form please contact the Shire's Receptionist on (08) 9574 9300

Doctor's Certificate required Coroner's Certificate received
Date Grant of Burial sent: _____ Receipt No: _____
Monumental Mason: _____ Date works approved: _____
Signature: _____ Date: _____
Officer Name: _____