

APPLICATION FOR BURIAL AND INSTRUCTIONS FOR GRAVE

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|---|---|--|---------------|
| Day and Date of Funeral: | | | |
| Expected Start Time: | | Expected Finish Time: | |
| Cemetery <input type="checkbox"/> Boddington <input type="checkbox"/> Marradong <input type="checkbox"/> Quindanning | <input type="checkbox"/> New Grave <input type="checkbox"/> Reserved <input type="checkbox"/> Re-Open <input type="checkbox"/> Other | <input type="checkbox"/> Catholic <input type="checkbox"/> Anglican <input type="checkbox"/> Other | Plot No:_____ |
| Size of Coffin | Length: | Width: | Depth: |
| Standard = 2040x685x340mm | | Oversize charge applies to each 300mm longer, wider or deeper | |
| Vehicle Type <input type="checkbox"/> Standard Hearse <input type="checkbox"/> Other - Description | | | |

DETAILS ABOUT DECEASED

| | |
|--|---------------------------|
| Surname: | Given Names: |
| Last Place of Residence: | |
| Town: | Postcode: |
| Personal Details: <input type="checkbox"/> Male <input type="checkbox"/> Female | Occupation: |
| Birthplace: | Date of Birth: |
| Place of Death: | Date when Death Occurred: |
| Cause of Death | |
| Celebrant: | Age: |

GRANT HOLDER INFORMATION

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|--------------------------------------|-----------|
| Name as it will appear on the Grant: | |
| Address: | |
| Suburb/Town: | Postcode: |
| Phone No: | Email: |
| Relation to Deceased: | |

PERSON MAKING DECLARATION

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|---|--------|
| I hereby certify that I am the applicant for this interment and have authority for the use of the grave: | |
| <ul style="list-style-type: none"> • I am the person in whose name the Grant is issued. • I am the personal representative of the Grant Holder. • I am the person acting expressly on behalf of the Holder's Representative. • None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave. | |
| Signature: | |
| Name: | |
| Address: | |
| Phone: | Email: |

APPLICANT INFORMATION

| | |
|---|--|
| Permit Holders Business Name: | |
| <input type="checkbox"/> Annual Licence Holder | <input type="checkbox"/> Single Permit Applicant |
| Address: | |
| Suburb/Town: | Postcode: |
| Phone No: | Email: |
| <p>I, the permit holder confirm that:</p> <ol style="list-style-type: none"> a) I have advised the client of the statutory requirement of the cemetery b) The named Holder of the Grant of Right of Burial has the sole authority to determine who can be buried in the grave and to allow inscriptions, memorials etc. to be placed on the grave c) I have advised the client of any local laws that may impact on the funeral including but not limited to grave side safety and penalties for outside of prescribed hours for funerals d) The coffin complies with the Shire of Boddington Local Laws (Sept. 2000) in all regards including requirements for identification plates affixed to the coffin e) I understand that I, the Permit Holder, or my representative will retain responsibility for the open grave for the period of the funeral from sign-in until hand over documentation has been completed, including any period of overtime regardless of estimated departure f) The Certificate of Identification will be forwarded to the Shire of Boddington prior to the interment. | |
| Permit Holder's Signature: | Date: |
| Permit Holder's designated contact name: | |
| Phone No: | Email: |