



Shire of Derby / West Kimberley

Application for Burial and Instruction for Grave

Cemetery

	Derby
	Fitzroy Crossing

Denomination/Section and Plot Number

	Catholic
	Protestant

Grave Type

	New Grave
	Reserved
	Re-Open Existing Grave
	Other

Grave Depth

	Single Grave <i>Depth 1800 x Length 2400 x Width 800</i>
	Double Grave <i>Depth 2200 x Length 2400 x Width 800</i>
	Other Grave: Please provide dimensions below L) W)

Plot Number:	
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Coffin Details

Coffin Dimensions (mm)	Length:	Width:	Height:
Coffin Type			

Details of Deceased

Surname:		Given Name:			
Last Place of Residence:		Suburb:		Postcode:	
Birth Place:		Suburb:		Postcode:	
Date of Birth:					
Date of Death:				Age:	
Place of Death:		Suburb:		Postcode:	
Documentation attached:	<input type="checkbox"/> Death Certificate OR <input type="checkbox"/> Doctor's certificate OR <input type="checkbox"/> Coroner's Order				

All monuments, including adornments and decorations, must receive prior approval and remain within the approved plot boundary.
Each monument must comply with these requirements unless otherwise approved.

Details of Burial:

Date of Burial:		Time of Burial:	
Name of Officiating Minister/Priest:			
Family to dig grave?	YES	NO	
Facility Hire Required	YES <i>(If yes, please submit a Facility Hire Application Form)</i>	NO	

Derby

(08) 9191 0999 | 30 Loch Street
sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



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Grant Details (Holder of Grant of Right Burial for previously reserved plot or in the case of reopening grave)

Surname:		Given Name:			
Residential Address:		Suburb:		Postcode:	
Postal Address:		Suburb:		Postcode:	
Email:		Phone:		Mobile:	
Signature:			Date:		

As Grantee, I hereby approve this burial to take place in the above-mentioned grave. Where the grantee is unable to sign, a statutory declaration must be completed.

Details of Applicant

Surname:		Given Name:			
Company Name:					
Residential Address:		Suburb:		Postcode:	
Postal Address:		Suburb:		Postcode:	
Email:		Phone:		Mobile:	

DECLARATION

Important: Please read and sign this declaration for your application to be processed

I certify that the details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death/Death Certificate, as attached. I hereby certify that I am the Applicant for this interment and have the authority for the use of this grave.

Signature of Applicant:		Date:	
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Details of Funeral Director

Company Name:					
Office Address:		Suburb:		Postcode:	
Postal Address:		Suburb:		Postcode:	
Email:		Phone:			

SHIRE ADMINISTRATION USE ONLY

Denomination:		Plot Number:			
Description of Fees Payable:					
Total Fees Payable:		Date paid:		Receipt:	
Shire Officer Name:			Officer Signature:		
Confirm which of the following documents are provided:	<input type="checkbox"/> Death Certificate OR <input type="checkbox"/> Doctor's certificate OR <input type="checkbox"/> Coroner's Order		Attached:	YES	NO
Authorised Approving Officer:		Signature:		Date:	
Date Grant sent to Applicant:			Date Entered to Synergy:		

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