



# 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)

<b>Plot Number:</b>	
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### Coffin Details

<b>Coffin Dimensions (mm)</b>	Length:	Width:	Height:
<b>Coffin Type</b>			

### Details of Deceased

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

### Details of Burial:

<b>Date of Burial:</b>		<b>Time of Burial:</b>	
<b>Name of Officiating Minister/Priest:</b>			
<b>Family to dig grave?</b>			

### Derby

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

### Fitzroy Crossing

(08) 9191 5355    |    Flynn Drive  
 [sdwk@sdwk.wa.gov.au](mailto: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:	
Death/Doctor's/Coroner's certificate provided:		Attached:	
Authorised Approving Officer:		Signature:	Date:
Date Grant sent to Applicant:		Register of Burials:	
Certificate of ID provided by Funeral director (7 days after burial):		Attached:	

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 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

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