

Application for Funeral Director's Per Burial Licence

Cemeteries Act 1986

I, hereby apply for the issue of a licence to undertake funerals within Cemeteries located in the Shire of Dardanup on the date specified below and submit the following details in support of this application:

Date of Burial: _____

APPLICANT DETAILS			
Full name of Company:			
Residential Address of Company:			
Postal Address of Company:			
Email:			
Telephone number:			
Position the Applicant holds in the Company:			
Details of any offences under the Cemeteries Act, Cremation Act or the Local Laws of any Cemetery for which the Applicant or persons employed by the Applicant or Company have been convicted:			
Copy of Insurance certificate of currency attached?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature		Date	

OFFICE USE ONLY			
Application Approved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Authorised Officer		Date	