

APPLICATION FOR BURIAL

BURIAL LOCATION

Dardanup Cemetery

Ferguson Cemetery

Funeral Director			
Contact Person		Phone	
Email			

PERSONAL DETAILS			
Name of Deceased			
Residential Address			
Date of Death		Date of Birth	
Last Occupation			
Place of Death			
		Gender	Choose an item.

FUNERAL DETAILS			
Day of Burial		Hour	
Name of Celebrant			
Previously Reserved Grave?	Choose an item.	Pre-need (Reservation) Certificate	Choose an item.
If yes, provide details:			
Details of Grant If reopening.	Issued to:		Grant No:
	Address		

GRAVE DETAILS			
Religious Ground (If applicable)			
Coffin Size			
Burial/Grave	Choose Public or Private	Re-Open	Choose an item.
If Re-Open – Name of the previous Interment & Plot Number			

GRANTEE DETAILS	
Name	
Address	
Email Address	
Contact Number	

DECLARATION DETAILS	
<p>I hereby certify that I am the applicant for this interment and have the authority for the use of the grave:</p> <p><input type="checkbox"/> I am the person whose name the Grant is to be/was issued.</p> <p><input type="checkbox"/> I am the personal representative of the Grant Holder.</p> <p><input type="checkbox"/> I am the person acting expressly on behalf of the Holder's representative.</p> <p>None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave.</p>	
Signature:	Date:

OFFICE USE ONLY			
Burial Order No		Register of Burials	
Orders Received		Number of Grant	
Officer's Name		Signature	
Date:			