HALLS CREEK CEMETERY
APPLICATION FOR BURIAL AND GRAVE SITE.

The following is to be supplied at the time of lodging this application (either one must be supplied).

Medical Certificate Supplied ☐   Coroner's Order Supplied ☐

Date of Application: _____

Full Name of Deceased: _____

Date of Birth & Place of birth: _____

Age of Deceased: _____

Occupation of Deceased: _____

Date of Death: _____

Supposed cause of death: _____

Last residence of deceased: _____

Place where death occurred: _____

Date & hour of burial: _____

When Denomination: _____

Number of grave: _____

Size of grave (length & width): _____

Depth of Grave: _____

Grave Number: _____

Name of Minister: _____

Name of Undertaker: _____

Would you require the Shire to sink the grave?   O   Yes   O   No

Will grave surround accessories be required?   O   Yes   O   No

Signature of person making declaration: _____

OFFICE USE ONLY.

Application received this ………… day of ……………………………… 20…… at ………..am/pm

Local Government Officer: _____

Grant Number: *(copy of grant must be supplied)*_____

Re-open grave: Yes: O   No: O   or Pre-purchased grave: Yes: O   No: O

(NB – If this is a re-opened grave or pr-purchased grave the declaration on the next page MUST be signed before the funeral may take place.)

Receipt Number: _____

Burial conducted at agreed location and details above are correct.

_____   _____
Signed Funeral Director   Witness – Local Government Officer

_____   _____
Print Name   Print Name

Date: _____

DECLARATION: - Delete whichever is not applicable

I hereby certify that I am the applicant for this interment and have the authority for the use of the grave as;

- I am the person in whose name the Grant of Right of Burial was issued
- I am the personal representative of the holder of the gran
- I am the person acting expressly on behalf of the holders personal representative
- NONE OF THE ABOVE persons are immediately available or ascertainable and I hereby authorise the use of the grave.

Signature: _____   Date: _____

Print Name: _____

Use of Reserved Plots:

I certify that I am authorised to manage reserved plots for the _____

Family and I give consent for the use of grave plot No: _____ at the Halls Creek Cemetery on behalf of the family.

Signature: _____   Date: _____

Print Name: _____

Witness Signature: _____

Print Name: _____