



Cemeteries Act 1986 / Shire of Lake Grace Cemeteries Local Law 2017

Application for Funeral Permit

APPLICANT DETAILS			
Application Type	<input type="radio"/> Funeral Director's License <i>(lasts one year)</i> <input type="radio"/> Single Funeral Permit <i>(lasts one funeral)</i>		
Applicant's Name			
Company/Trading Name			
ABN/ACN			
Business Address <i>(Unit #, street #, name)</i>			
<i>(Suburb, state, post code)</i>			
Phone Number		Mobile Number	
Email Address			
Attached Certificates of Currency	<input type="checkbox"/> Public Liability <input type="checkbox"/> Workers Compensation		
ADDITIONAL INFORMATION FOR SINGLE FUNERAL PERMITS			
Full Name of Deceased			
Cemetery			
Date of Funeral <i>(dd/mm/yyyy)</i>		Time of Funeral	
In making this application for a Single Funeral Permit, I, the Applicant, declare that:			
1. That I have in my possession a doctor's certificate or coroner's order or in the instance of a cremation a "Permit to Cremate".			
2. That in the event of a Burial,			

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- a. I am the holder of the Grant of Right of Burial for the burial plot; or
- b. I shall produce to the Shire the written consent of the holder of the Grand of Right of Burial for me to exercise the Rights to bury the abovementioned deceased person in the grave; or
- c. That without either of the above I will be liable and I indemnify the Shire from expenses or damage resulting from the exercise of such Rights.

3. I will complete a Certificate of Identification (Fifth Schedule)

4. That the deceased will be enclosed in a substantial coffin/casket bearing the name of the deceased person stamped (or otherwise indelibly inscribed) in legible characters on a metal plate on the coffin lid.

The coffin/casket will be obtained from _____

The coffin/casket's dimensions are _____ mm long x _____ mm wide

5. That the vehicle used to transport the body and coffin within the cemetery is a suitable vehicle of the following description:

Make: _____ Model: _____ Year: _____

Or an approved vehicle owned by: _____

6. In the event of a permit being issued I will comply with all Cemetery Local Laws and conditions prescribed by the Shire.

7. I agree to maintain Public Liability Insurance cover and Workers Compensation Insurance cover (where applicable) as a condition of my permit.

Above declaration only applicable for Single Funeral Permit applications

Applicant's Signature

Date

OFFICE USE ONLY

Date of Payment (dd/mm/yyyy)		Fee Amount	
Officer's Name		Receipt Number	

How to return this form:

- Attach completed PDF to an email and send to shire@lakegrace.wa.gov.au
- Post to PO Box 50, Lake Grace WA 6353
- Hand in to the Shire Front Reception on 1 Bishop St, Lake Grace

