



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

### Application for Burial

DECEASED DETAILS			
Surname			
First and Middle Name			
Occupation		Religion	
Last Place of Residence			
Birthplace			
Date of Birth (dd/mm/yyyy)		Sex	
Date of Death (dd/mm/yyyy)		Age at Death	
Place of Death			
Cause of Death			
Documentation	<input type="radio"/> Death Certificate, or <input type="radio"/> Medical Certificate, or <input type="radio"/> Coroner's Order AND: <input type="checkbox"/> Certificate of Identification		
BURIAL DETAILS			
Cemetery	<input type="radio"/> Lake Grace <input type="radio"/> Newdegate <input type="radio"/> Lake King <input type="radio"/> Varley		
Cemetery Section	<input type="radio"/> Roman Catholic <input type="radio"/> Church of England <input type="radio"/> All Denominations <input type="radio"/> Other		

How to return this form:

- Attach completed PDF to an email and send to [shire@lakegrace.wa.gov.au](mailto: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





# Shire of Lake Grace

Ph: 08 9890 2500

Fax: 08 9890 2599

PO Box 50, Lake Grace WA 6353

[shire@lakegrace.wa.gov.au](mailto:shire@lakegrace.wa.gov.au)

## Application for Burial

Plot Number		Grant #	
Type of Interment	<input type="radio"/> New Grave <input type="radio"/> Re-opening		
Digging Depth	<input type="radio"/> 1.8m (Standard) <input type="radio"/> 2.1m (Double)		
Coffin/Casket Size	<input type="radio"/> Standard: 2,060mm Long x 690mm Wide x 430mm High <input type="radio"/> Other: _____ mm Long x _____ mm Wide x _____ mm High		
Date of Burial (dd/mm/yyyy)		Time of Burial	
Officiating Minister/Celebrant			
Privacy	<input type="radio"/> Public Funeral <input type="radio"/> Private Funeral		

### GRANT OF RIGHT OF BURIAL CONFIRMATION

Grantee's Full Name			
Address 1 (Unit #, street # & name)			
Address 2 (Suburb, post code)			
Phone Number		Mobile Number	
Email Address			

### APPLICANT/FUNERAL DIRECTOR DETAILS

Full Name/Company Name			
Address 1 (Unit #, street # & name)			
Address 2 (Suburb, post code)			
Phone Number		Mobile Number	

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## Application for Burial

Email Address	
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Applications for burials can only be accepted when supplied with a valid Grant of Right of Burial grant number. If you do not have a valid grant you may submit an application for one along with this form.

Grant of Right of Burials remain with the Grantee even after interment of the Deceased. You will need to present one to the Shire when applying for monumental works in the future, or if you wish to carry out a second interment in the same burial plot.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

By signing the above, I, the Applicant, hereby certify that I am authorised as the Grantee/representative of the Grantee to use the Grant for the burial of the Deceased, and can act as the Grantee/their representative for all other matters in regards to the burial.

\_\_\_\_\_  
Authorised by

\_\_\_\_\_  
Date

OFFICE USE ONLY			
Date of Payment (dd/mm/yyyy)		Fee Amount	
Receipt Number		Grant Number	
Officer's Name		Single Funeral Permit Received	

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