

Shire of Esperance

Application For Burial



SECTION 1 - Deceased Details

TITLE	GIVEN NAME	SURNAME		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
LAST KNOWN RESIDENTIAL ADDRESS				
<input type="text"/>				
<input type="text"/>				
DATE OF BIRTH	DATE OF DEATH	MALE/FEMALE	PLACE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
OCCUPATION	RELIGION	AGE	PLACE OF DEATH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 2 - Service Details

BURIAL DATE	BURIAL TIME
<input type="text"/>	<input type="text"/>
CHAPEL / GRAVESIDE	CHAPEL / GRAVESIDE TIME
<input type="text"/>	<input type="text"/>

SECTION	SIZE OF GROUND	DEPTH OF GRAVE	LENGTH/WIDTH OF COFFIN	LENGTH/WIDTH OF URN
<input type="checkbox"/> LAWN	<input type="checkbox"/> STANDARD	<input type="checkbox"/> STANDARD	<input type="checkbox"/> STANDARD	<input type="checkbox"/> STANDARD
<input type="checkbox"/> NICHE WALL	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER
<input type="checkbox"/> ROSE GARDEN				
<input type="checkbox"/> MEMORIAL GARDEN				
<input type="checkbox"/> INFANT				
<input type="checkbox"/> OTHER				

FIRST INTERMENT	SECOND INTERMENT	GRAVE No # & NAME OF LAST INTERMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESERVED GRAVE NO # & NAME	DATE OF LAST INTERMENT	
<input type="text"/>	<input type="text"/>	

SECTION 3 - Details of Person Making Application for Burial

TITLE	GIVEN NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS	POSTAL ADDRESS	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
EMAIL ADDRESS	<input type="text"/>	
APPLICANTS SIGNATURE	DATE	
<input type="text"/>	<input type="text"/>	



Guide for Authority On a Grant of Right of Burial

NEW GRAVE		Complete Section 4	
Existing Grave (Inc Reserved Plot)	Grant is current	Grant is available to appropriate burial Grantee is the deceased in Section 1 Grantee is not available	Grantee to complete Section 4 No stat dec required Applicant to complete Stat Dec (4)
		Original Grantee is applying for new Grant	Grantee to Complete Section 4
	Grant is expired	Original Grantee is not applying for new Grant	New Grantee Complete Section 4 and Stat Dec (1)

SECTION 4 - Grantee Details

TITLE	GIVEN NAME	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL ADDRESS		POSTAL ADDRESS
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
GRANTEE SIGNATURE		GRANTEE PHONE/MOBILE NUMBER
<input type="text"/>		<input type="text"/>

As Grantee I hereby approve this burial to take place in the abovementioned grave

Authority to Charge Funeral Company

FUNERAL COMPANY	INVOICE FUNERAL DIRECTOR	DATE
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
FUNERAL UNDERTAKER	SIGNATURE	
<input type="text"/>	<input type="text"/>	
NAME OF MINISTER OR PERSON TO OFFICIATE AT SERVICE	SIGNATURE OF MINISTER OR PERSON OFFICIATING	
<input type="text"/>	<input type="text"/>	

NOTIFICATION MUST BE GIVEN AT LEAST 24 HOURS PRIOR TO BURIAL

Office Use Only

OFFICER	TRIM REFERENCE	DATE ENTERED
<input type="text"/>	<input type="text"/>	<input type="text"/>