

Application for Burial Arthur River

Shire of West Arthur
PO Box 112
31 Burrowes Street
Darkan WA 6392
T: (08) 9736 2400
E: shire@westarthur.wa.gov.au



Application Number _____ Date Received _____

Funeral Director _____

DECEASED DETAILS

Surname _____

Other Names _____

Address _____

Date of Birth _____ Age _____ Sex _____

Birthplace _____ Occupation _____

Date of Death _____ Date of Burial _____

Time _____ Minister Officiating _____

GRAVE DETAILS

****Please note that if rock is found when digging, the Shire will contact the family to discuss a suitable alternative site****

Grave

- New
 Reopen

Grant Number _____ If Reopen – Last Internee _____

Number _____ Grant Expiry Date _____

Section _____ Denomination _____

Coffin Size

- Standard 2060mm Long 690mm Wide 430mm High
 Oversize _____ Long _____ Wide _____ High

APPLICANT DETAILS

Surname _____

Other Names _____

Address _____

Telephone Number _____

Email Address _____

DECLARATION

- I hereby certify that I am the Applicant for this interment and have authority for the use of the Grave.
 - I am the person in whose name the Grant was issued. I am the personal representative of the Grant Holder.
 - I am the person acting expressly on behalf of the Grant Holders Representative.
 - None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave.
- (Select applicable)

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Receipt Number		Receipt Date	
Application Received		Location – Map	
Register of Burials Grant		Invoice	
Signature Issuing Officer		Designation	
Date			

