# APPLICATION FOR BURIAL AND INSTRUCTIONS FOR A GRAVE
# CITY OF BUSSELTON CEMETERIES

All correspondence to:
The Chief Executive Officer, Locked Bag 1, Busselton WA 6280
P: (08) 9781 0444 E: city@busselton.wa.gov.au W: www.busselton.wa.gov.au

| | | | |
|---|---|---|---|
| Day and Date of Burial: | | | |
| Expected Start Time: | | Expected Finish Time: | |
| Cemetery<br>❑ Busselton<br>❑ Dunsborough | ❑ New Grave<br>❑ Reserved<br>❑ Re-open<br>❑ Other | ❑ Catholic<br>❑ Anglican<br>❑ OPD<br>❑ Lawn | Section: A B C D<br><br>Lot No: _____<br>❑ Private Burial<br>❑ Graveside Service |
| **Size of Coffin:** **Length:** **Width:** **Depth:**<br>Standard = 2040 x 685 x 340mm Oversize charge applies to each 300mm longer, wider or deeper.<br>**Coffin Type/Construction:** | | | |
| **Vehicle Type** ❑ Standard Hearse ❑ Other – Description: | | | |

## DETAILS ABOUT DECEASED

| | | |
|---|---|---|
| Surname: | | Given Name(s): |
| Last Place of Residence: | | |
| Town: | | Postcode: |
| Personal Details: | ❑ Male<br>❑ Female | Occupation: |
| Birthplace: | | Date of Birth: |
| Denomination: | | Date of Death: |
| Place of Death: | | |
| Celebrant: | | Age: |

## GRANT HOLDER INFORMATON

| | | |
|---|---|---|
| Name: | | |
| Address: | | |
| Suburb/Town: | | Postcode: |
| Phone No: | | Email: |
| Relationship to Deceased: | | |

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## GRANT HOLDER STATEMENT

I the undersigned, being (tick)

❒ the person registered as the holder of the current Grant of Right of Burial (Grantee), or

❒ the administrator or executor of the deceased grant holder, or

❒ in the case of a new grave the person to be registered as the Holder of the Grant of Right of Burial (Grantee),

state that all the information supplied is true and correct and agree to the conditions under which the Right of Burial is issued.

| Signature:<br><br>Print Name: | Date: |
|---|---|

## APPLICANT INFORMATION (FUNERAL DIRECTOR)

| Permit Holders Business Name: | |
|---|---|
| ❑ Annual Licence Holder ❑Single Permit Applicant | |
| Address: | |
| Suburb/Town: | Postcode: |
| Phone No: | Email: |

I, the permit holder confirm that:

a) I have advised the client of the statutory requirements of the cemetery (monumental/lawn);

b) The named Holder of the Grant of Right of Burial has the sole authority to determine who can be buried in the grave and to allow inscriptions, memorials etc. to be placed on the grave.

c) I have advised the client of any local laws that may impact on the burial including but not limited to grave side safety and penalties for outside of prescribed hours for funerals.

d) The coffin complies with the City of Busselton Local Law (2105) in all regards including requirements for identification plates affixed to coffin,

e) I understand that I, the Permit Holder, or my representative will retain responsibility for the open grave for the period of the burial from sign-in until hand-over documentation has been completed, including any period of over time regardless of estimated departure.

f) the Certificate of Identification will be forwarded to the City of Busselton prior to the interment.

| Permit Holder's Signature: | Date: |
|---|---|
| Permit Holder's designated contact name: | |
| Phone: | |



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