## Application - Exhumation





Section A – Deceased's Details							
Title:	Mr	Mrs	Ms	Dr			
Surname:	First Name:						
Alias:							
Section B – PI	ot Details						
Cemetery:		Section:	Plot no:				
Section C – Applicant Details							
Title:	Mr	Mrs	Ms	Dr			
Surname:	First Name:						
Relationship to Dec	ceased:						
Address:							
		Postcode:					
Email:							
Phone:			Mobile:				
Signature:			Date:				
Section D – Fu	neral Director	Details					
Business Name:							
Signature:			Date:				
Section E – As	sociated Doc	umentation					
Attach letter requesting exhumation, to be signed by living relatives where possible							
Attach copy of burial approval / grant of right of burial for external cemetery							
Attach copy of funeral directors work plan for exhumation							

Section H – Office Use Only							
Amount Paid:	Date:		Receipt No:				
Record No:		Allocation No:					
Approved							
Synergy and cemetery maps updated							
All documents provided to the depot to action							
Signature:		Date:					

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