

Application for Annual Funeral Director's Licence

Cemeteries Act 1986

Town of Port Hedland Cemetery Local Law 2015



APPENDIX 1

1. APPLICANT

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Surname:	
First name:	
Trading Name of Business:	
Business Address(es):	
Postal Address:	
Work Phone:	
Email	
Mobile Phone:	
Home Phone:	

2. SPECIFIC FUNERAL DIRECTOR INFORMATION:

For Annual Period:	From:	To:
Number of years Applicant has held a Funeral Directors Licence:		Years
Have you been convicted of any offence, anywhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' provide details:		
Have you ever been declared bankrupt or placed in receivership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' provide details:		

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3. BUSINESS INFORMATION:

COMPANIES:	
Full Name and Addresses of:	
Director/s:	
Manager/s:	
Registered Office:	
PARTNERSHIPS:	
Full Name and Addresses of Partners:	

4. APPLICATION:

I hereby apply to the Town of Port Hedland for a funeral director's licence in accordance with the <i>Cemeteries Act 1986</i> , Town of Port Hedland <i>Cemetery Local Law 2015</i> and Policy 13/012 Funeral Directors – Issuing of an Annual Funeral Director's Licence and Single Funeral Permits and acknowledge that my application may be refused or my licence may be suspended or cancelled by the Town if the Town is no longer satisfied that I am of good repute and fit to hold a funeral director's licence; or that my facilities and equipment for handling and storing dead bodies and conducting funerals are no longer suitable.	
Full Name and Capacity of Person Completing this Application:	
Full Name (Print):	
Position Title:	
Applicant signature:	
Date (DD/MM/YY):	

5. *OFFICE USE ONLY:*

Received on:	/ /	Referred to CEO:	/ /
Approved on:	/ /	Licence Issued on:	/ /
Licence Fee Paid on:	/ /	Receipt Number:	

Western Australia

Oaths, Affidavits and Statutory Declarations Act 2005

Statutory Declaration

I, _____ {name of person making declaration}

of _____ {address of person making declaration}

occupation _____ {occupation of person making declaration}

sincerely declare that I have met the standard requirements of Town of Port Hedland *Policy 13/012* Funeral Directors – Issuing of an Annual Funeral Director's Licence and Single Funeral Permits as part of my application for an annual funeral directors licence:

Standard requirements	Confirmation	Evidence attached
Three (3) character or professional references		
Current National Police Certificate		
Well-presented dignified hearse or other vehicle presented as a hearse with efficiently operating roller device and coffin clamping facility		
Transfer vehicle suitable for the proper and dignified transportation of human remains		
Dignified viewing area		
Appropriate office space		
Access to hygienic facilities and equipment appropriate for the proper care and treatment of human remains, as follows:		
• Refrigerated body storage facilities		
• Hot and cold running water		
• Easily cleansed surfaces		
• Ventilation		
• Waste disposal		
• Lighting		
• Basic mortuary equipment		
Safe and dignified handling written procedures		
Certification by public health authority that all facilities, premises and equipment conform to public health authority requirements		
Audited set of current financial accounts		
Statement of compliance with Metropolitan Cemeteries Board of WA Code of Conduct		

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

At _____ {place}

On _____ {date}

By _____ {Signature of person making the declaration}

In the presence of

_____ {Signature of authorised witness}

_____ {Name of authorised witness}

_____ {Qualification as such a witness}

An authorised witness for a statutory declaration that is made at a place in Western Australia is:

- any person described in the second column of Schedule 2 of the OASD Act; or
- any person before whom, under the *Commonwealth Statutory Declarations Act 1959*, a statutory declaration may be made.

The informal descriptions of persons described in Schedule 2 of the OASD Act are listed below:

Authorised Witnesses¹

Academic (post-secondary institution)	Engineer	Patent attorney
Accountant	Industrial organisation secretary	Physiotherapist
Architect	Insurance broker	Podiatrist
Australian Consular Officer	Justice of the Peace	Police officer
Australian Diplomatic Officer	Landgate officer	Post office manager
Bailiff	Lawyer	Psychologist
Bank manager	Local government CEO or deputy CEO	Public notary
Chartered secretary, governance adviser or risk manager	Local government councillor	Public servant (Commonwealth)
Chemist	Loss adjuster	Public servant (State)
Chiropractor	Marriage celebrant	Real estate agent
Company auditor or liquidator	Member of Parliament	Settlement agent
Court officer	Midwife	Sheriff or deputy sheriff
Defence force officer	Minister of religion	Surveyor
Dentist	Nurse	Registered teacher
Doctor	Optometrist	Tribunal officer
Electorate officer of a member of State Parliament	Paramedic	Veterinary surgeon

¹[Table updated on 03/04/2020]

Note: For the full formal description of authorised witnesses for statutory declarations refer to Schedule 2 of the *Oaths, Affidavits and Statutory Declarations Act 2005*.