



# Application for Single Funeral Permit

## Section A – Deceased's Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr

Surname:

First Name:

Alias:

Address:

Postcode:

Birth Place:

Place of Death:

Date of Death:

Age:

☐ Male ☐ Female

Occupation:

Religion:

## Section B – Burial Details

Burial Date:

Burial Time:

Cemetery:

Section:

Plot No:

Width of coffin:

Length of coffin:

Double depth required?      Y      N

Size of ground:

Backfill to be completed by: ☐ Town of Port Hedland ☐ Family

## Section C – Applicant Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr

Surname:

First Name:

Relationship to Deceased:	
Address:	
	Postcode:
Email:	
Phone:	Mobile:
Signature:	Date:
<b>Section D – Grantee Details</b> <i>To be completed if the Grantee is not the deceased</i>	
Surname:	First Name:
Address:	
	Postcode:
Email:	
As Grantee, I hereby approve this burial to take place in the above mentioned grave.	
Signature:	Date:
<b>Section E – Funeral Director Details</b>	
Business Name:	
Name of Minister officiating:	
Copy of medical certificate of death or Coroner's Order provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date:
<b>Section H – Vehicle Details</b>	
Make:	Model:
Year:	Plate:
<b>Section I – Insurance Details</b>	
Insurance Company Name ( <i>Public Liability</i> ):	
Policy Number:	Expiry Date:
Insurance Company Name ( <i>Public Liability</i> ):	

Policy Number:

Expiry Date:

I hereby make application for a Single Funeral Permit to be issued in relation to the details above and in support of such an application I declare as follows:

- 1) I have in my possession a Medical Certificate or Coroner's Order for the deceased
- 2) I will complete a Certificate of Identification prior to burial of the deceased
- 3) I have permission to re-open the grave if required
- 4) I am the holder of the Grant of Right of Burial, or have written consent from the Grantee to bury the above named deceased in the grave; and that I indemnify the Town from expenses or damages resulting from the exercise of such rights
- 5) That the deceased will be enclosed in a substantial coffin bearing the name of the deceased person stamped (or otherwise indelibly inscribed) in legible characters on a metal plate affixed to the coffins lid
- 6) That the vehicle used to transport the body and coffin within the cemetery is suitable for the task
- 7) In the event of a permit being issued I will comply with the Cemetery Local Laws of the Town of Port Hedland
- 8) I agree to maintain Public Liability cover and Workers Compensation Insurance cover (where applicable) as a condition of my permit; and, I have submitted with this application a copy of Certificate of Currency of Insurance.

## Section J – Office Use Only

Amount Paid:

Date:

Receipt No:

Record No:

Allocation Number:

- ☐ Approved
- ☐ Synergy and cemetery maps updated
- ☐ All documents provided to the depot to action

Signature:

Date:

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