

# Certificate of Identification



Town of  
**Port Hedland**



## Section A – Applicants Details

Title:	Mr	Mrs	Ms	Dr
Surname:	First Name:			
Address:				
Post code:				
Email:				
Phone:	Mobile:			
Email:				
Date of identification:				
Name of deceased:				
Name plate/inscription on coffin:				
Phone:	Mobile:			

## Section B – Signatures

I declare that all information provided within this certificate is accurate and reliable:

Full name of identifier:

Signature:

Date:

Witness full name:

Signature:

Date:

**Civic Centre  
McGregor Street**  
PO Box 41  
Port Hedland, WA 6721

**P (08) 9158 9300  
F (08) 9158 9399**  
council@porthedland.wa.gov.au  
[www.porthedland.wa.gov.au](http://www.porthedland.wa.gov.au)



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