

Application – Single Funeral Permit

(Non Funeral Directors)
Cemeteries Act Section 20



Town of
Port Hedland



This permit is for individuals who are not licensed Funeral Directors
 This permit is for one burial only
 Permit applications must be received as soon as possible prior to the scheduled burial
 Permit applications without attached supporting documentation will not be accepted

Section A – Deceased’s Details

Title:	Mr	Mrs	Ms	Dr
Surname:			First Name:	
Alias:				
Address:				
	Post code:			
Place of Birth:	Date of Birth:		Age:	
Place of Death:	Date of Death:		Male	Female
Occupation:	Religion:			

Section B – Burial Details

Burial Date:	Burial Time:			
Cemetery:	Section:		Male	Female
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’s Details

Title:	Mr	Mrs	Ms	Dr
Surname:			First Name:	
Relationship to Deceased:				
Address:				
	Post code:			
Email:				
Phone:			Mobile:	
Signature:			Date:	

Section D – Grantee Details

Surname:			First Name:	
Address:				
	Post code:			
Email:				
As Grantee, I hereby approve this burial to take place in the above mentioned grave.				
Signature:			Date:	
Copy of Grant of right of burial attached		Yes	No	

Section E – Funeral Director Details

Name of Minister / Company officiating:				
Copy of Medical Certificate of Death or Coroner’s Order provided:		Yes	No	
Have you ever been convicted of any offense anywhere?		Yes	No	
Please provide a National Police Certificate	One has been provided		Verified	
Please provide a character reference	One has been provided		Verified	
Please attach a document describing facilities to be used for refrigeration and body preparation		Yes	No	
Signature:			Date:	

Section H – Vehicle Details

Make:

Model:

Year:

Registration:

Section I – Insurance Details

Public Liability – Name of Insurer:

Copy
Attached

Policy Number:

Expiry Date

Verified

Workers Compensation – Name of Insurer:

Copy
Attached

Policy Number:

Expiry Date

Verified

I hereby make an 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 copies of my Insurance details.

Section J – Office Use Only

Amount: \$80	Receipt No:	Date:
Record No:	Approved by:	Date:
Synergy and cemetery maps updated		
Signature:	Date:	

**Civic Centre
McGregor Street**

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**Town of
Port Hedland**



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