

Application to Hold a Funeral



Town of
Port Hedland



Section A – Deceased's Details

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

Section B – Burial Details

Burial Date:			Burial Time:	
Cemetery:	Section:			Plot:
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 to be completed if the Grantee is not the deceased

Surname: First Name:

Address:

Post code:

Email:

As Grantee, I hereby approve this burial to take place in the above mentioned grave.

Signature: Date:

Section E – Funeral Directors Details

Business Name:

Name of Minister officiating:

Copy of medical certificate of death or Coroner's Order provided: Yes No

Signature: Date:

Section F – 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: