

Shire of Morawa
Management and Control of Morawa Cemetery Local Law 2008

Form 4
CEMETERIES ACT 1986
APPLICATION FOR BURIAL AND INSTRUCTION FOR GRAVE

(cl 3.1)

APPLICATION

No.....

SURNAME OF DECEASED:

.....

OTHER NAMES:

.....

OCCUPATION:

.....

ADDRESS:

.....

AGE:DATE OF DEATH:/...../20.....

DATE & TIME OF BURIAL:/...../20.....RELIGIOUS AFFILIATION:.....

AREA: SECTION: GRAVE NO:.....

LENGTH & WIDTH OF COFFIN:DEPTH OF GRAVE:

SIZE OF GROUND: GRANT NO:

GRAVE TYPE:

PLACE "X" IN BOX IF:

FIRST INTERMENT

MALE: _

FEMALE: _

IS A GRANT REQUIRED: No: _

Yes: _

OTHER INTERMENT APPLICATION NUMBERS:

.....

.....

.....

NAME AND ADDRESS OF APPLICANT FOR/OR CURRENT HOLDER OF GRANT OF RIGHT OF BURIAL:.....

SIGNATURE: DATE:/...../20.....

NAME OF MINISTER OR PERSON

NAME OF FUNERAL

OFFICIATING:

DIRECTOR:

.....

SIGNATURE:..... SIGNATURE:.....

DATE:/...../20..... DATE:/...../20.....

NAME AND ADDRESS OF PERSON MAKING APPLICATION FOR BURIAL:

.....

.....

.....

SIGNATURE: DATE:/...../20.....

DOCTOR'S CERT, REQ'D: _

CORONER'S ORDER REC'D: _

GRANT OF BURIAL SENT:...../...../20... RECEIPT No. ISSUED:

MONUMENTAL MASON: DATE WORKS APPROVED:/...../20.....