



SHIRE OF BROOKTON PUBLIC CEMETERY

Application for Order of Burial

New Grave

Single depth required

Double depth required

Open an Existing Grave

Extinguish a burial right

If yes, please complete the following details:

Full Name: _____

Cemetery _____ Denomination _____

Row No.

Plot No.

Are there existing monumental works Yes NO

Deceased Details

Surname: _____

Given Names: _____

Deceased last place of residence: _____

_____ Post Code: _____

Date of Birth: ____/____/____ **Date of Death** ____/____/____ **Age** ____

Female **Male** Place where death occurred: _____

Executor/ Family Details

Name of Executor: _____

Relationship to Deceased: _____

Postal Address: _____

_____ Post Code: _____

Signature: _____ Date: ____/____/____

Name of Direct Family Member:

Funeral Directors Details

Company Name: _____

Contact Person: _____

Postal Address: _____

_____ Post Code: _____

Contact No.: _____

I certify that details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death / Death Certificate.

Signature: _____

Date: ____/____/____

Details of Burial

Proposed Dates: ____/____/____

Proposed Time: _____ AM/PM

Religious Denomination: _____

Name of Minister/Priest Officiating: _____

Casket / Coffin Type / Size

Standard Grave (2.30m Length x 0.9m Width x 1.80m Depth)

Other, please give dimensions in centimeters

Type Length Width Depth

Office Use ONLY

Location details Confirmed Time confirmed: _____

Religious Denomination: _____ Plot No. Row No.

Administrative details

On-site Meeting had to ensure Plot Available/Adequate Details confirmed with Funeral Director

Customer Contacted to confirm Reservation chosen Filling Grave by hand

Enter on computer Any Additional Costs Invoiced _____

Entered on Map

Fees paid

Interment of Ashes/Burial Fee: _____

Total Paid: _____ Receipt No: _____ Date: ____/____/____

For Further Information

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