

Applicant Details

Applicant Full Name				
Address				
Suburb		State		Postcode
Contact No.		Email		
Relationship to Deceased				

Grave Details

Grave Type	<input type="checkbox"/> New Grave (No Grant of Right of Burial Issued) <input type="checkbox"/> Reserved – Grant of Right of Burial No:
Section <i>(Not applicable for Niche Wall)</i>	<input type="checkbox"/> Anglican <input type="checkbox"/> Methodist Uniting <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Non-Denominational
Plot/Niche Number <i>(if known)</i>	

Details of Deceased

Deceased Full Name				
Last Place of Residence				
Suburb		State		Postcode
Date of Death		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Occupation		Age		

Details of Funeral

Size of Coffin	<input type="checkbox"/> Standard <input type="checkbox"/> Oversized (please provide dimensions):			
Date		Day		Time

Applicant Declaration/Acknowledgement

I, the undersigned, being the person registered as the Holder of the Right of Grant of Burial or, in the case of a new grave, the person to be registered as the Holder of the Right of Grant of Burial, state that all the information supplied is true and correct and agree to the conditions under which the Grant of Right of Burial is issued.

Signature		Date	
------------------	--	-------------	--

Funeral Director PTO to complete form →

Funeral Director Declaration

I, the below mentioned Funeral Director, declare that I have advised the applicant:

- Of the requirements of the cemetery; and
- That the Holder of the Grant of Right of Burial has the sole authority to determine who can be buried in the grave and to make application for inscriptions, memorials etc. to be placed on the grave.

Funeral Director Full Name					
Company Name					
Address					
Suburb		State		Postcode	
Contact No.		Email			

Signature		Date	
------------------	--	-------------	--

Form Checklist

The Funeral Director is to supply the following together with the submission of this form:

- Medical Certificate of Cause of Death/Death Certificate/Coroner's Certificate (whichever applicable)
- Certificate of Identification/Certificate Dispensing with Identification
- Grant Details or Application for Grant of Right of Burial
- Statutory Declaration (if required)

Form Submission

E: mail@gingin.wa.gov.au

P: Shire of Gingin
PO Box 510
GINGIN WA 6503

W: This form is also available to complete online. Visit www.gingin.wa.gov.au

Office Use Only

Fee Amount	\$	Receipt No.		Receipt Date	
Grant No.				Record No.	
Actions List	<input type="checkbox"/> Grants Register updated <input type="checkbox"/> Location Map created		<input type="checkbox"/> Intramaps updated <input type="checkbox"/> Grant Letter/Certificate issued and recorded		