

# Application for Burial

## Applicant Details

<b>Applicant Full Name:</b>					
<b>Address:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	
<b>Contact No:</b>		<b>Email:</b>			
<b>Relationship to Deceased:</b>					

## Grave Details

<b>Grave Type:</b>	<input type="checkbox"/> New Grave (No Grant of Right of Burial Issued) <input type="checkbox"/> Reserved – Grant of Right of Burial No:
<b>Section:</b> <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
<b>Plot/Niche Number:</b> <i>(if known)</i>	

## Details of Deceased

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

## Details of Funeral

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

## 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.

<b>Signature:</b>		<b>Date:</b>	
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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.

<b>Funeral Director Full Name:</b>					
<b>Company Name:</b>					
<b>Address:</b>					
<b>Suburb:</b>		<b>State:</b>		<b>Postcode:</b>	
<b>Contact No:</b>		<b>Email:</b>			

<b>Signature:</b>		<b>Date:</b>	
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## 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)

## Applicable Fees

- Interment
- Interment of Oversize Casket/Coffin (additional fee if applicable)
- Interment on weekend or public holiday, out outside normal working hours (additional fee if applicable)
- Funeral Director's Single Permit (where an Annual Licence has not been issued)
- Application for Grant of Right of Burial (where a current Grant is not in place)

See Shire of Gingin Fees & Charges ( <https://www.gingin.wa.gov.au/budget-fees-and-charges> ) for current fees.

## Form Submission

**E:** [mail@gingin.wa.gov.au](mailto: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](http://www.gingin.wa.gov.au)

## Office Use Only

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