

I, (full name)

Of

..... (address)

hereby certify that on the day of 20....

at

I identified the body of a deceased person as that of:

.....

The body was in a coffin bearing the name plate/inscription marked:

.....

Signature:		Date:	
Signature of Witness:		Date:	

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