

 Shire of BODDINGTON <i>Flowing with Natural Beauty</i>	<h2 style="margin: 0;">APPLICATION FOR BURIAL</h2>
<input type="checkbox"/> MEDICAL CERTIFICATE	<input type="checkbox"/> CORONERS ORDER
Cemetery Location:	Application Number:

SECTION 1 Deceased Details	Surname: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: <input type="text"/> Second Names: <input type="text"/>
	Address: <input type="text"/>
	<input type="text"/> Post Code: <input type="text"/>
	Date of Birth: / / Age: Occupation:
	Birthplace: Religion:
	Date of Death: / / Place of Death:
	Cause of Death: <input type="text"/>
	Date of Burial: / / Time: : <input type="checkbox"/> AM <input type="checkbox"/> PM Private: <input type="checkbox"/> Yes <input type="checkbox"/> No
Minister/Celebrant Officiating: Denomination: <input type="text"/>	

SECTION 2 Grave Details	<input type="checkbox"/> New Grave <input type="checkbox"/> Re-Open <input type="checkbox"/> Pre-Purchase Grant Number: <input type="text"/> Expiry Date: <input type="text"/>
	If Reopen, Name of Last Interned: <input type="text"/>
	<i>Location:</i> <input type="text"/> <i>Denomination:</i> <input type="text"/> <i>Section:</i> <input type="text"/> <i>Number:</i> <input type="text"/>
	Digging Depth <input type="checkbox"/> Standard 1.8m <input type="checkbox"/> Depth 2.1m Dimensions: <input type="text"/>
	Coffin/Casket Details Coffin <input type="checkbox"/> Standard Shape Casket <input type="checkbox"/> Regular Square
	Dimensions <input type="checkbox"/> Standard = 2060mm Long, 690mm Wide, 430mm High
	<input type="checkbox"/> Other/Oversize: Long <input type="text"/> Wide <input type="text"/> High <input type="text"/>
	Pre-Purchase Adjoining Grave <input type="checkbox"/> Yes <input type="checkbox"/> No
	Surname of Grantee: <input type="text"/> First Names: <input type="text"/>
	As Grantee, I approve the re-open of this grave Signature: <input type="text"/> Date: / /
<i>Statutory Declaration <input type="checkbox"/> Yes <input type="checkbox"/> No (Required only where the applicant for the funeral is not the Grantee or the Grantee is deceased and the interment is for a person other than the Grantee. Please submit with this application.)</i>	

SECTION 3 Personal Details Application for Burial	Surname: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other
	First Names: <input type="text"/>
	Address: <input type="text"/>
	<input type="text"/> Postcode: <input type="text"/>
	Telephone Number: () Email: <input type="text"/>
	<i>Declaration: I hereby certify that I am the applicant for this interment and have authority for the use of the grave, I am the person whose name the grant was issued / I am the personal representative of the Grant Holder / I am the person acting expressly on behalf of the Holders Representative / None of the above mentioned are immediately available or ascertainable and I hereby authorise use of the grave.</i>

APPLICATION FOR BURIAL

 MEDICAL CERTIFICATE

 CORONERS ORDER

Cemetery Location:
Application Number:

SECTION 4 Grantee Details Purchase New Grave	Signature:	Date: / /
	Surname:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other
	First Names:	
	Address:	
		Postcode:
	Telephone Number: ()	Email:
	Signature:	Date: / /

SECTION 5 Authority To Charge Funeral Director	Company Name:	Branch:
	Name of Arranger:	
	Address:	
		Postcode:
	Telephone Number: ()	Email:
	Signature:	Date: / /

Shire Use Only

<input type="checkbox"/> Interment	<input type="checkbox"/> Re-Open	<input type="checkbox"/> Pre-Need	<input type="checkbox"/> Grant	<input type="checkbox"/> Renewal
<input type="checkbox"/> Placement of Ashes Existing Grave	<input type="checkbox"/> Double Reservation	<input type="checkbox"/> Single Reservation		
<input type="checkbox"/> Grave Number Plate	<input type="checkbox"/> Other			

Application Received Date: / /	Time: : AM <input type="checkbox"/> PM <input type="checkbox"/>	Initial:
Application Approved by _____ on (date)		
Signed:		

Burial Order Number:	Register of Burials (page no):
Orders Received:	Grant ID:
Invoice:	