![T:\Works\Shire of Victoria Plains - Logo_Colour[low res].jpg]() Application Number:

**APPLICATION FOR BURIAL**

**AND INSTRUCTION FOR GRAVE**

|  |
| --- |
| **Deceased Details** |
| Full Name |  | Gender |  |
| Address |  |
| Date of Birth |  / / | Age | Date of Death |  / / | Occupation |  |
| Place of Birth |  | Place of Death |  |

|  |
| --- |
| **Funeral Details** |
| Name of Cemetery |  |
| Day, Date and Time of Burial |  |
| Name of Officiator |  | Govt. Burial | [ ]  Yes |

|  |
| --- |
| **Grave Details** |
| Grave Location |  |
| Grave Type |  | Grave Depth |  |
| Coffin Dimensions | Length: mm | Width: mm  | Height: mm |
| Coffin Type |  |

|  |
| --- |
| **Grant of Right of Burial Details** |
| Name |  | Grant Number |  |
| Address |  |
| Applicants Signature |  | Date |  / / |

On behalf of the above mentioned Grantee, I hereby approve this burial to take place in the above-mentioned grave.

|  |
| --- |
| **Applicant Details** |
| Name |  | Contact Details |  |
| Address |  |
| Signature |  | Date |  / / |

I hereby certify that I am the Applicant for this interment and have authority for the use of this grave

|  |
| --- |
| **Funeral Director Details** |
| Name |  | Contact Details |  |
| Signature |  | Date |  / / |

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| Doctors Certificate Received [ ]  | Coroners Order received [ ]  |
| Burial Order Number |  | Register of Burials |  |
| Grant Number Issued |  | Date Issued |  / / | Grant Sent |  / / |
| Fees Applicable |  | Invoice/Receipt # |  |