

# Application for Burial Darkan

Shire of West Arthur  
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Darkan WA 6392  
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Application Number \_\_\_\_\_ Date Received \_\_\_\_\_

Funeral Director \_\_\_\_\_

## DECEASED DETAILS

Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Death \_\_\_\_\_ Date of Burial \_\_\_\_\_

Time \_\_\_\_\_ Minister Officiating \_\_\_\_\_

## GRAVE DETAILS

### Grave

- New
- Reopen

Grant Number \_\_\_\_\_ If Reopen – Last Internee \_\_\_\_\_

Number \_\_\_\_\_ Grant Expiry Date \_\_\_\_\_

Section \_\_\_\_\_ Denomination \_\_\_\_\_

### Coffin Size

- Standard      2060mm Long      690mm Wide      430mm High
- Oversize      \_\_\_\_\_ Long      \_\_\_\_\_ Wide      \_\_\_\_\_ High

**APPLICANT DETAILS**

Surname \_\_\_\_\_

Other Names \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**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 in 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 Grant Holders Representative.
  - None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave.
- (Select applicable)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Receipt Number		Receipt Date	
Application Received		Location – Map	
Register of Burials Grant		Invoice	
Signature Issuing Officer		Designation	
Date			