

# Form of Instruction for Grave and Application for Order of Burial

Shire of West Arthur  
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31 Burrowes Street  
Darkan WA 6392  
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Darkan Cemetery

Arthur River Cemetery

Date of Application: \_\_\_\_\_

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

## Deceased Details

Name of Deceased: \_\_\_\_\_

Age of Deceased: \_\_\_\_\_

Last Place of Residence for Deceased: \_\_\_\_\_

Place where Death Occurred: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Rank or Occupation of Deceased: \_\_\_\_\_

Birthplace of Deceased: \_\_\_\_\_

Nature of the Disease, or supposed cause of Death: \_\_\_\_\_

## Grave Details

What Denominational Ground? \_\_\_\_\_

What Section? \_\_\_\_\_ Number of Grave on Map: \_\_\_\_\_

*Arthur River Only - Please note that if rock is found when digging, the Shire will contact the family to discuss a suitable alternative site*

## Grant Details

Grantee Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Grantee Contact Details: \_\_\_\_\_

Address: \_\_\_\_\_

### Coffin Size

Length and width of coffin:  Standard (2060mm L x 690mm W x 430mm H)

Oversize \_\_\_\_\_ Long \_\_\_\_\_ Wide \_\_\_\_\_ High

Depth of grave: \_\_\_\_\_

Is it the first interment in the grave?  Yes  No

Date of the last interment in the grave? \_\_\_\_\_

### Burial Details

Date of the burial: \_\_\_\_\_

At what hour: \_\_\_\_\_

Minister or Other Person Officiating: \_\_\_\_\_

From where the Funeral is to Start: \_\_\_\_\_

### Applicant Details

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

### Office Use Only

Date Application Received: \_\_\_\_\_

Electronic/Hard-copy Map Updated:  Yes Burial Index/Reservation Index Updated:  Yes

Burial Register Book Updated:  Yes Copy of Receipt Attached:  Yes

Receipt Number: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

*Note: If a free interment is required, specify the name of the Magistrate signing order and date thereof.*

Signature: \_\_\_\_\_