



Schedule B – Shark Bay Public Cemetery

Form of Instruction for Graves and Application for Order of Burial

Date of Application:			
Deceased Details			
Name/s of Deceased:			
Age of Deceased:			
Date of Birth:		Birthplace:	
Occupation of Deceased:		Religion:	
Last Place of Residence:			
Date of Death:		Place Where Death Occurred:	
Supposed Cause of Death:			
Next of Kin:			
Grant of Right Holder Details			
Full Name/s:			
Address:			
Phone:		Email:	
Coffin/Casket Details			
Number of Grave Site on Plan:			
Dimensions of Coffin	Length:	mm	Width:
			mm
	Height:		mm
Depth of Grave:	Type of Plot		Single <input type="checkbox"/>
			Double <input type="checkbox"/>
Service Details			
Date of Burial:		Time of Burial:	
Where is Funeral to Start:			
Name of Minister to Officiate at Grave:			
Backfill Instructions:			
Other Site Requirements (number of chairs, shovels etc):			
Funeral Director Details			
Business Name:			
Name of Funeral Director:			
Phone:			
Address:			

Note: The Shire of Shark Bay is indemnified against any liability attributed to any incorrect statements or information contained in this form.

Certificates attached	Medical Certificate	Peri-Natal Certificate	Coroner's Order
Administration Officer:	Application Received:		