

SHIRE OF KENT



APPLICATION FOR ORDER OF BURIAL SHIRE OF KENT

I apply for permission for:
(Name of Executor or Authorised Representative)

I/We apply for permission for:
(Name of Funeral Director/Company)

Location:

- Nyabing Cemetery Pingrup Cemetery

New Grave:

- Single Depth Required Double Depth Required

Burial Fees & Charges:

Application for Order of Burial

- \$100.00 Ordinary Land (2.4m x 1.2m)
 \$125.00 Ordinary Land (2.4m x 2.4m)

Burial Fees

- \$310.00 Adult Burial
 \$192.00 Child Burial
 \$126.00 Stillborn Burial (Without Memorial)
 \$126.00 Internment (Weekends & Public Holidays)
 \$100.00 Grave Digging Beyond 1.8m

PAYMENT DETAILS

Acc Name:	Shire of Kent – Municipal Fund
BSB:	066-515
ACC:	00 000 111

Details of Deceased

Full name of deceased:

Date of Birth:/...../..... Date of death:/...../..... Age.....

Details of Executor or Authorised Representative

I, (Full Name)

Of (Postal Address)

..... Post Code:

Relationship to the Deceased

Phone: Email:

Declare that:

- I am the executor of the estate of the person in whose name the Right of Burial was issued
 I have the written authority of the person, or the executor of the estate of the person, in whose name the Right of Burial was issued
 The details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death / Death Certificate.

Signature:
Executor or Authorised Representative

Date:/...../.....

Details of Funeral Ceremony

Proposed Date:/...../..... Proposed Time: (AM/PM) Grave Plot No:

Section 3.4 Cemeteries Act 1986, Minimum Notice Required: All bookings to hold a funeral shall be made with the Board at least twenty four hours prior to the time proposed for burial on the application, otherwise an extra charge may be made.

SHIRE OF KENT

Details of Funeral Directors

Company Name:

Contact Person:

Postal Address:

..... Post Code:

Phone:

Declare that:

- Details contained in this form are correct and correspond with the details included on the Medical Certificate of Cause of Death / Death Certificate.
- A coffin purporting to contain the above remains was interred in the ground on

Signature:
Funeral Director

Date:/...../.....

Signature:
Christie Smith
Chief Executive Officer

Date:/...../.....

This grant is issued subject to all local laws and regulations, now or hereafter in force, made, or to be made under the Cemeteries Act 1986 or any future Act or Acts.

OFFICE USE ONLY

Total Paid: \$

Receipt No:

Date: ___/___/___

Signed:

FOR FURTHER INFORMATION
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