

Application for Single Funeral Permit



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Ranger Services
CPT/8 Margaret River Cemetery, CPT/9 Karridale Cemetery

Cemeteries Act 1986, Cemeteries Local Law Division 4

Details of Applicant			
Name of Applicant			
Address			
Postal Address			
Contact Number/s			
Email			
Name of Deceased			
Date & Time of Funeral			
Gravesite Number		Section	
Cemetery			

I hereby make application for a Single Funeral Permit to be issued in relation to the details above and in support of such application I declare as follows:

1. That I have in my possession a doctor's certificate or coroner's order or in the instance of a cremation a "Permit to Cremate".
2. That in the event of a Burial,
 - (a) I am the holder of the Grant of Right of Burial for the grave; or
 - (b) I shall produce to the Shire the written consent of the holder of the Grant of Right of Burial for me to exercise the Rights to bury the above named deceased person in the grave; or
 - (c) That without either of the above I will be liable and I indemnify the Shire from expenses or damage resulting from the exercise of such Rights.
3. I will complete a Certificate of Identification. (Fifth Schedule).
4. That the deceased will be enclosed in substantial coffin bearing the name of the deceased person stamped (or otherwise indelibly inscribed) in legible characters on a metal plate on the coffin lid.

The casket will be obtained from _____

Casket dimensions are: _____ mm x _____ mm

5. That the vehicle used to transport the body and coffin within the cemetery is a suitable vehicle of the following description:

Make: _____ Model: _____ Year: _____

Or a approved vehicle owned by: _____

6. In the event of a permit being issued I will comply with all Cemetery Local Laws and conditions prescribed by the Shire.
7. I agree to maintain Public Liability Insurance cover and Workers Compensation Insurance cover (where applicable) as a condition of my permit.
- **A copy of Certificate of Currency of Insurance is required to be submitted with this application**

Authorisation	
Signature of Applicant	
Date	