



## Grant of Right of Burial – Reservation Request

Cemeteries Act 1986

### DETAIL OF PERSON TO BE BURIED

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*(include Title, First, Middle and Surname)*

Denomination *(subject to availability)*: \_\_\_\_\_

Occupation: \_\_\_\_\_

Main Address: \_\_\_\_\_  
*(Residential / Premises Address including Suburb and Postcode)*

Signature *(if applicable)*: \_\_\_\_\_ Date: \_\_\_\_\_

### DETAILS OF SPOUSE

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*(include Title, First, Middle and Maiden Surname)*

### DETAILS OF CHILDREN

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*(include Title, First, Middle and Surname)*

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*(include Title, First, Middle and Surname)*

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*(include Title, First, Middle and Surname)*

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*(include Title, First, Middle and Surname)*

### CEMETERY AND PLOT / BURIAL LOCATION

Toodyay                       Culham                       Jimperding

Niche Wall      Wall: \_\_\_\_\_      Row: \_\_\_\_\_      Niche No.: \_\_\_\_\_

Garden              Section: \_\_\_\_\_      Location: \_\_\_\_\_      Plot No.: \_\_\_\_\_

Grave              Section: \_\_\_\_\_      Row: \_\_\_\_\_      Plot No.: \_\_\_\_\_

### APPLICANT / NEXT OF KIN DETAILS

*If your contact details change, please notify the Shire of Toodyay Office, in writing, to enable our records to be kept up to date.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(include Title, First, Middle and Surname)*

Postal Address: \_\_\_\_\_  
*(if different from above)*

Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_ (W): \_\_\_\_\_

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

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



**OFFICE USE ONLY**

*If you have any queries regarding this form please contact the Shire's Receptionist on (08) 9574 9300*

Date: \_\_\_\_\_ Grant No.: \_\_\_\_\_ RMS Ref: \_\_\_\_\_

Date entered on Cemetery Maps: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Date entered into Reservation Register: \_\_\_\_\_

Authorising Officer: \_\_\_\_\_

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