District Council of Grant	BURIAL/INTERMENT ORDER (Port MacDonnell Cemetery)	Form No:	WKS002.1
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		Last Updated:	12th May 2014
		Form Ownership:	Administration Officer - Works
		Relevant Policy/Act:	8.3 Cemetery

Date of Order: …….

DECEASED DETAILS

Surname: …….. Given Names: ……...

Last Address: ……..…….

Date of Birth: …… Place of Birth: ……..……...

Date of Death: …… Age at Death: …….. Place of Death: ……...

Marital Status: …….. Denomination: …….……..

APPLICANT DETAILS

Name: …… Relationship to Deceased: ……...

Address: …… Telephone: ……..……

LOCATION

□ Burial Section Section: …….. Lot: …….

□ Cremation Memorial Garden Lot: ……

INTERMENT ORDER DETAILS

Is a New Interment order required? □ Yes □ No

If Yes, Details of New Interment Holder: Name of Interment Holder: …….

Address of Interment Holder: …….....

If No, Details of Existing Interment Holder: Name of Interment Holder: …….…….

Transfer of Existing Interment Holder: Name of New Interment Holder: ……..…

Address of New Interment Holder: ……..……

BURIAL/INTERMENT DETAILS

Date of Burial/Interment: ……..…… Time: ……

Burial: Grave Depth: □ Single (1.67m) □ Double (2.13m) □ Triple (3.05m)

Position: □ North □ Centre □ South

Coffin Dimensions: Width: ……..... Length: ……..……. Height: ..…..…….

Interment of Cremated Remains: □ Cremation Urn □ Other Receptacle: ……..…

Person/Minister Officiating: …….. Name of Funeral Director: ……..

Signature of person signing this order: ……

Name: ……..…… Address: …….

OFFICE USE ONLY

Cemetery Register: Date: …… No: …… Invoice Details: No: …….… Amount:……..……

Doctors Certificate Sighted: Date:……. Signed: ……

Certificate of Identification of Deceased Sighted: Date:……. Signed: ……..……

Name Plate: First Name……...…□ Surname……..……..……□ Date of Death...../…..../…... □

Grave Re-opened: Yes/No Buried With: …….…….....……

Burial and Cremation Act 2013
Burial and Cremation Regulations 2014