

# APPLICATION FOR BURIAL



— SHIRE OF WILLIAMS —



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CASHIER HOURS  
8:00am - 4:30pm  
MONDAY - FRIDAY

## FORM OF INSTRUCTIONS FOR GRAVES & APPLICATION FOR ORDER OF BURIAL

WILLIAMS CEMETERY

MARLING CEMETERY

NAME OF DECEASED	
LATE RESIDENCE OF DECEASED	
OCCUPATION OF DECEASED	
AGE/ DATE OF BIRTH	
BIRTH PLACE OF DECEASED	
DATE OF DEATH	
DAY OF FUNERAL	
MINISTER TO OFFICATE	
DENOMINATION	
TIME OF FUNERAL	
NUMBER OF GRAVE ON PLAN ISSUED	
GRAVE DEPTH & OTHER DIMENSIONS	
IS THIS A FAMILY GRAVE?	
FIRST/ SECOND INTERMENT?	
IS THIS AN INTERMENT OF ASHES?	

<b>RIGHT OF BURIAL EXISTS (name, date)</b>	
<b>RIGHT OF BURIAL IS REQUIRED (name, address)</b>	

[Redacted Signature Area]

**SIGNATURE OF (REPRESENTATIVE OF FUNERAL DIRECTOR)**

**OFFICE USE**

**APPLICATION RECEIVED (date):** [Redacted]

**APPLICATION APPROVED (date):** [Redacted]

**CEO SIGNATURE:** [Redacted]