



SHIRE OF TRAYNING

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SCHEDULE B

SHIRE OF TRAYNING
 TRAYNING, KUNUNOPPIN AND YELBENI PUBLIC CEMETARIES

FORM OF INSTRUCTION FOR GRAVES & APPLICATION FOR ORDER OF BURIAL

Public Cemetery:		Date of Application:	
Name of Deceased:		Date of Death:	
Age of Deceased:		Date of Birth:	
Last Place of Residence of the Deceased:		Place where death occurred:	
Rank or occupation of the Deceased:		Birthplace of the Deceased:	
What Denomination:		What Section:	
Number of Grave on Plan:		Ground Selection by:	
Size of Ground:		Depth of Ground:	
Size of Coffin:			
Date of Burial:		Time of Burial:	
Name of Minister to officiate at Grave:		From where is Funeral to start:	
Name of Funeral Director:		Name in Full of person Making Application:	
Occupation:		Address:	

Application received this day of 2018 at am/pm

Name of Officer Signing: Signature:

Number of Receipt: Number of Grant:

Number of Order for Burial: Register Folio (pg):

I, the undersigned, certify that a coffin purporting to contain the above remains, was interred in the above ground on day of 2018, at am/pm.

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FUNERAL DIRECTOR

NAME: