

APPLICATION DETAILS		
First Name/s:	Surname:	
Name of Organisation (if applicable):		
Address:		
Suburb:	State:	Post Code:
Telephone:	Mobile:	
Email:	ABN: (if applicable)	

DETAILS OF DECEASED	
First Name/s:	Surname:
Date of Birth:	Date of Death:
Date of Funeral:	Time:
Cemetery:	Plot Row and Number:

BURIAL DETAILS			
<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Neo Natal Certificate	<input type="checkbox"/> Coroner's Order	<input type="checkbox"/> Attached
Completed Identification Form			<input type="checkbox"/> Attached
Application for Order of Burial <i>(Application for Order of Burial form to be completed and attached)</i>			<input type="checkbox"/> Attached
Application for Grant Right of Burial Form			<input type="checkbox"/> Attached
In the event of a burial, I:			
a) <input type="checkbox"/> Am the holder of the Grant of Right of Burial for the grave;			
b) <input type="checkbox"/> Shall produce to the City 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) <input type="checkbox"/> That without either of the above I will be liable and I indemnify the City from expenses or damage resulting from the exercise of such rights.			

COFFIN DETAILS			
<input type="checkbox"/> The coffin/casket will be enclosed and bear the name of the deceased person :			
Purchased from:			
The coffin/casket is:	Length :	mm	Width: mm
			Height: mm
The name of the deceased is stamped/engraved on the metal plate attached to the lid: <input type="checkbox"/> Y <input type="checkbox"/> N			

VEHICLE DETAILS	
The vehicle used to transport the body and coffin within the cemetery is a suitable vehicle as below:	
Make/ Model:	
Registration:	Year:
Or an approved vehicle owned by:	

INSURANCE DETAILS

Certificates of Currency of Public Liability, Workers Compensation and Motor Vehicle Comprehensive & Third Party, must be attached.

Public Liability – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

Workers Compensation – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

Comprehensive/ Third Party Motor Vehicle – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

INSURANCE REQUIREMENTS

INSURANCE TYPE	INSURED AMOUNT
Public Liability	\$10,000,000 any one occurrence
Worker's Compensation	The contractor shall insure against liability for death of or injury to persons employed by the Contractor including liability by statute and at common law to a limit of not less than \$50,000,000.
Comprehensive Hearse Motor Vehicle and Third Party	Comprehensive Motor Vehicle and Third Party Liability for no less than \$20,000,000 any one occurrence

Important: The applicant must complete the declaration on the following page.

TERMS AND CONDITIONS

1. The information provided is true and correct to the best of my knowledge and belief;
2. I have been duly authorised by the company/trading business to make this application on its behalf;
3. This application is only valid upon payment of the set fee, City of Karratha approval and the issue of a Single Funeral Permit;

Should your application be approved by the City of Karratha:

1. You will comply with the laws of the State of Western Australia, including the *Cemeteries Act 1986*, the *City of Karratha Cemeteries Local Law 2017*, and any relevant future legislation as applicable;
2. The licence is not transferable in accordance with the provisions of Section 16(c) of the *Cemeteries Act 1986*;
3. The licence may be subject to cancellation should the Funeral Director be found to be in breach of the conditions in Section 17 (2) of the *Cemeteries Act 1986*;
4. The licence may be cancelled or suspended should any of the events arise under Section 18 of the *Cemeteries Act 1986*, or any other legislation that may be applicable;
5. You understand the licence may be cancelled or suspended by the City of Karratha, subject to your right of appeal;
6. You agree to maintain and provide current copies of all relevant insurances including but not limited to Public Liability Insurance Cover, Workers Compensation Insurance Cover and Comprehensive/Third Party Motor Vehicle Insurance Cover;
7. Should any of the details within your licence change, you must notify the City of Karratha immediately and understand that a new application may be required;
8. You shall adhere to the policies, procedures and reasonable directions of the City of Karratha as the City may determine from time to time.

DECLARATION AND SIGNATURE

I agree to the above terms and conditions.

Full Name (Print):

Position:

Business Name:

Signature:

Date:

OFFICE USE ONLY

Public Liability Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Required Amount \$10,000,000
Workers Compensation Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	City listed as Principal on policy: Legislated Amount \$50,000,000
Motor Vehicle Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Comprehensive Amount Required \$20,000,000
Planning Approval:	<input type="checkbox"/> Y <input type="checkbox"/> N	Special Conditions:
Environmental Health Approval:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Date Received:	Total Paid:	Receipt:
Reviewing Officer:		Application Approved: <input type="checkbox"/> Y <input type="checkbox"/> N