



Shark Bay Public Cemetery

Certificate of Identification

Cemeteries Act 1986

FUNERAL DIRECTOR / PERMIT HOLDER DETAILS

First Name/s:		Surname:	
Address:			
Suburb:	State:	Post Code:	
Telephone:		Mobile:	

DECEASED DETAILS

First Name/s:		Surname:	
Date of Birth:		Date of Death:	
Cemetery: Shark Bay Public Cemetery			
Section: N/A	Row: N/A	Plot:	

LOCATION OF IDENTIFICATION

Company:			
Address:			
Suburb:	State:	Post Code:	
Date:		Time:	
Inscription on Coffin:			

DECLARATION

I hereby certify that I identified the body of the deceased as per the above details

Signature:	Date:
-------------------	--------------

WITNESS DETAILS

First Name/s:		Surname:	
Address:			
Suburb:	State:	Post Code:	
Signature:			Date:

OFFICE USE ONLY

Date Received:	Record Number:
Name of Officer:	Signature of Authorised Officer: