

**MUNDARING & WOOROLOO
CEMETERIES**

Application for Funeral Directors Licence



Applicant Details

Principal:	
Company:	
Trading Name of Business:	
Business Address:	
	Postcode:
Postal Address:	
Phone:	Mobile:
Email:	ABN / ACN:
Insurances Certificate of Currency Attached:	Declaration Signed:

Declaration

- I understand this Funeral Director Licence from the Shire of Mundaring is valid for one year maximum and expires on 30 June next. The licence fee is fixed.
- I will maintain my Public Liability, Professional Indemnity and Workers Compensation Insurances (where applicable) as a condition of my licence and provide a copy of Certificate of Currency with this application.
- I will complete the relevant Licence information over the page.
- As a current Licence holder I will be entitled to complete an 'Application for Burial and to Conduct a Funeral' and pay the prescribed fees and charges, for each and every Funeral I conduct.
- I will comply with the Laws of the State of Western Australia, including the Cemeteries Act 1986, the Shire of Mundaring Local Laws, and any policies, procedures and guidelines the Shire may issue from time to time.
- I shall produce the written consent of the holder of the Grant of Right of Burial for any Funeral conducted at Shire of Mundaring Cemeteries.
- The deceased will be enclosed in a structurally sound coffin bearing the name of the deceased person stamped (or otherwise indelibly inscribed) in legible characters on a metal plate on the coffin lid. The vehicle used to transport the body and the coffin will be a suitable vehicle.
- I will complete and supply a Certificate of Identification for the deceased to Shire staff no later than at the Funeral.

Signature of Applicant:

Date:

Recent Funeral Director Licences Held

Please supply details below of other Cemeteries Boards you have been licenced with in the past two years, unless licensed with Shire of Mundaring.

<u>Cemetery Board</u>	<u>Licence Number & Year</u>	<u>Contact Person</u>	<u>Contact Number</u>

Shire of Mundaring Office Use Only

Date Application Received:	Fee Payable:
Payment Method:	Receipt:
Professional Indemnity Insurance Company:	
	Expiry Date:
Policy Number:	
Public Liability Insurance Company:	
	Expiry Date:
Policy Number:	
Workers Compensation Insurance Company:	
	Expiry Date:
Policy Number:	
Verify Previous Licences:	
Licence Number:	Printed for Signature:
Scanned & Filed:	Emailed Copy:
Issuing Officer:	Original Posted: