



APPLICATION FOR BURIAL

Application is hereby made for a grave or niche in the _____ Date: _____
_____ Cemetery / Columbarium

Section/Wall _____ Row _____ Allotment _____

for the interment of the late _____

of _____

Known as _____ Marital Status _____

Occupation of Deceased _____

Religion _____ Gender _____

Date of Birth _____ Date of Death _____

Date of Interment _____ Time of Interment _____

Cremation (Y/N) _____ War Veteran Grave _____

Age _____ Name of Clergy/Officiator _____

Name of Undertaker _____

Applicant/Grantee _____ Phone No _____

Address of Applicant _____

Signed by Grantee _____

Payment Summary	Interment	\$ _____
	Land & Perpetual Maintenance	\$ _____
	Order/Prep of Plaque	\$ _____
	Weekend Rate	\$ _____
	Burial of Ashes	\$ _____
	Reservation	\$ _____
	TOTAL	\$ _____

New Reservation required (please fill out Reservation Form)

on receipt of this completed application a Licence of Burial will be issued

Tax Invoice to be issued to _____

Address _____ Phone _____

NB. All monumental work must be commenced within six months of interment and installed in accordance with the standard set by Council

Receipt No _____ Date _____ \$ _____ by _____