



APPLICATION FOR GRAVE OR NICHE RESERVATION

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

Section/Wall _____ Row _____ Allotment _____

Name _____

Address _____

Date of Birth _____ Gender _____

Religion _____

Applicant/Grantee _____

Address _____

Signed by Applicant _____ Phone No _____

*NB. The Receipt issued constitutes to the grantee, or subsequent executor of estate, a Right of Burial.
Notwithstanding, upon payment, a Right of Burial will be issued.*

Payment Summary

Reservation \$ _____

*NB. This fee is a reservation deposit and does not include interment fees, and will be deducted from
the future interment fee at time of burial.*

Tax Invoice to be issued to _____

Address _____ Phone _____

Right of Burial Issued with a copy on file

*NB. All monumental work must be commenced within six (6) months of interment and installed in
accordance with the standard set by Council*

Receipt No _____ Date _____ \$ _____ by _____