

APPLICATION FOR RESERVATION OF INTERMENT



Right of Interment Holder Details

Full Name:			
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Contact Number: (H)	(M)		
Date of Birth:	Sex:	Religion:	
Applicant Details and Declarati	<u>on</u>		
Applicants Full Name:			
Addross:			
Contact Number: (H)	(M)		
Email:			
Applicants Signature:		Date	e:
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hereby make application to Kyo	gie Council for the Right of B	uriai as ioliov	vs.
☐ Kyogle Cemetery	□ Bonalbo Cemetery		Old Bonalbo Cemetery
☐ Mallanganee Cemetery	□ Tabulam Cemetery		Woodenbong Cemetery
□ Burial	□ Columbarium Wall		
Portion (if applicable)	Section/Wall:	Row:	Plot/Niche:

Please note:

- 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.
- 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

Phone: 02 6632 1611 Fax: 02 6632 2228

Email: council@kyogle.nsw.gov.au

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

Office Use Only

Payment Su	mmary			
	Reservation		\$	
	TOTAL		\$	
	Right of Burial Issued with a copy on file			
Receipt No	Date	\$	by	

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