



Application for Burial

To be completed by the Funeral Director

First interment

Second Interment

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Interment Number

Full name of deceased: _____ AKA _____

Last known address: _____

Maiden Name: _____ Religion: _____ Marital Status: _____

Date of birth: _____ Date of death: _____ Place of death: _____ Age: _____

Date of interment: _____ Time of Service _____ Service: Church* / Graveside* / Private*

Cemetery: _____ Section: _____ Row: _____ Grave No: _____

Casket* / Standard Size / Oversize * or (length) _____ (width) _____ (height) _____

Reopening Details:

Current Occupant: _____ Date of Death: _____

Existing monumental works:* Yes / No (If YES please ensure family are advised that Council will not be held responsible for any damage caused by moving the headstone or ledger when a reopening occurs)

Is there an Exclusive Right or Reservation Yes / No Is a Cross required:* Yes / No

* Circle Applicable

Next of kin or secondary interment right contacts: (Applicant details)

Name: _____

Address: _____ Phone: _____

_____ Email: _____

Funeral Director: _____

Address: _____

Ph: _____ Email: _____

I have read Council's Information & Conditions and hereby agree to abide by those conditions.
I have given a copy of Council's Information & Conditions to the Applicant.

FUNERAL DIRECTOR TO SIGN

Office Use Only:

Cemetery: _____ Section: _____ Row: _____ Grave No: _____

Grave: \$ _____ Interment: \$ _____ Cross: \$ _____ Interment Services Levy: \$ _____

TOTAL FEES: \$ _____ Invoice Issued: _____ Cross Ordered: Yes / No

Burial Register: _____ Cemetery Book: _____ Beyondcloud: _____ Word Register: _____

Order of Interment issued: Yes / No Order of Interment # _____ Text: Yes / No Risk Assmt: Yes/No

Signed by Cemetery Operator:

Date: