



## APPLICATION FOR BURIAL

**FUNERAL DIRECTOR** \_\_\_\_\_

### PERSONAL DETAILS

Name of Deceased \_\_\_\_\_  
Residential Address \_\_\_\_\_

Date of Death \_\_\_\_\_ Age \_\_\_\_\_ M/F  
Place of Death \_\_\_\_\_  
Last Occupation \_\_\_\_\_

### FUNERAL DETAILS

Date of Burial \_\_\_\_\_ Time \_\_\_\_\_

Name of Celebrant \_\_\_\_\_

Details of the Grant:

Issued to \_\_\_\_\_

Address \_\_\_\_\_

Grant Number \_\_\_\_\_

Previously Reserved Grave: Yes / No

### GRAVE DETAILS

Area \_\_\_\_\_ Section \_\_\_\_\_ Marker \_\_\_\_\_

Coffin Size \_\_\_\_\_ Grave Type: Standard

Grave: New / Reservation / Reopen

If Reopen, Name of Last Interment \_\_\_\_\_

<u>Declaration:</u>	<p>I hereby certify that I am the Applicant for this interment and have authority for the use of the Grave:</p> <p>. I am the person in whose name the Grant was issued.</p> <p>. I am the personal representative of the Grant Holder.</p> <p>. I am the person acting expressly on behalf of the Holders's Representative.</p> <p>. None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave.</p>
<u>Applicant:</u>	<p>Signature _____</p> <p>Name _____</p> <p>Address _____</p> <p>Date _____</p>

### OFFICE USE ONLY:

Register of Burials (Page No) \_\_\_\_\_

Grant ID \_\_\_\_\_

Invoice \_\_\_\_\_

Receipt \_\_\_\_\_