

## APPLICATION FOR BURIAL

**\*Please circle applicable choice**

Serial Number .....

I hereby apply for Funeral/Interment at ..... Cemetery.

Name of Deceased .....  
(Surname) (Christian Names)

\* Male / Female Age ..... Date of Birth ..... Date of Death .....

Last Residence .....

\* Adult / Child Ex Serviceman /Woman - \*Yes/No Denomination .....

\* New Grave

\* Grave Type ..... Location (if known) .....

\* Pre Need Grave Grave Number and Location (if known) .....

\* Re-opened Grave First interments name .....

\* Reserved Grave Name of Reservation holder .....

Grave Number and Location (if known) .....

Date of Funeral/Interment ..... Service Commence ..... Arrival Time at Cemetery .....

Type of Service - \* Church / Chapel / Graveside / Direct Interment

Pall Bearing - \* Family / Assistance Required

Coffin Size

{  
\* Standard  
\* Oversize  
\* Other .....

Depth of Grave \* Single / Double/ Re Open

Special requirements .....

Minister to Officiate .....

Funeral Director ..... Phone ..... Fax .....

Signature .....  
(Funeral Director or Agent)

Date .....

Name of Applicant ..... Relationship to Deceased .....

Address .....

Is a Reservation of the adjacent grave required? \* Yes / No (If yes, attach Application for Reservation ).