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## Application for Burial and Instruction for Grave Form

Deceased Details							
Full Name:				Gender:			
Address:							
Date of Birth:	/	/	Age:		Date of Death:	/	/
Occupation:			Place of Death:				

Funeral Details			
Name of Cemetery:			
Day, Date and Time of Burial:			
Name of Officiator:		Govt. Burial	<input type="checkbox"/> Yes

Grave Details						
Grave Number:		Grave Depth:	Extra Depth required (how much):			
Coffin Type:						
Coffin Dimensions	Length:	mm	Width:	mm	Height:	mm
Is there a Current Reservation:						

Grant Details			
Name:		Phone Number:	
Address:			
Email Address:			
Signature:		Date:	/ /

As Grantee, I hereby approve this burial to take place in the above-mentioned grave.

Where the Grantee is unable to sign a Statutory Declaration must be completed.

Applicant Details			
Name:		Phone Number:	
Address:			
Email Address:			
Signature:		Date:	/ /

I hereby certify that I am the Applicant for this interment and have authority for the use of this grave

Funeral Director Details			
Name:		Contact Details	
Address:			
Email Address:			
Signature:		Date	/ /

**Office Use Only**

Doctor's Certificate Received <input type="checkbox"/>		Coroner's Order received <input type="checkbox"/>	
Burial Register updated:		Plan Updated:	
Grant of Right Issued:	Date Issued	/ /	Grant Sent: / /
Fees Applicable:		Invoice/Receipt #	