

Application for Grave Reservation

Applicant details

Surname			
First name		Middle name	
Postal address			
Residential address			
Date of birth		Place of birth	

Contact details

Phone		Email	
-------	--	-------	--

Reservation request

Name	
Address	

Contact details

Phone		Email	
-------	--	-------	--

Cemetery (please select one)

☐ Lawn cemetery
 ☐ Monumental section
 ☐ Columbarium
 ☐ RSL

Grave Number (if known)

Notes / special requirements

Applicant signature		Date	
---------------------	--	------	--

Office use only

Reservation fee	\$	
Receipt Number		Date paid
GL Code	5952/1500	
Application	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	
	Grave Number allocated	
Authorised person		Date

