



APPLICATION FOR ORDER OF BURIAL

Please complete all relevant sections. If details are uncertain or not known please write unknown

Deceased Details								
Surname			First Name	First Name/s				
Place of Residence								
Date of Birth			Place of Bir	th				
Nationalis.			Languages(s	• • • • • • • • • • • • • • • • • • • •				
Nationality		 1	 Dialect(Kinship lines	· •				
Indigenous Australia	n 🔛 Yes 🔛	No		ge				
Religion			Occupatio					
Date of Death			Place of Dea	th				
Death Certificate Nur	mber <i>(please provic</i>	de a copy)						
Next of Kin								
Grant of Right of But The Grant of Right of B the interment of ashes The Grant of Right of B burial only pursuant to Full Name/s	urial confers upon to of other deceased Burial is valid for a to the Cemeteries Ac	the holder, the family membe erm of twenty tt 1986.	ers and the right to	o pace approved om the date of iss	monun ue for t	nental work. the purpose of		
Relationship to decea	acad					_		
Address								
Phone	-		Email					
Burial Details								
Officiating Minister								
Coffin Dimensions	Length (mm)	<u> </u>						
Grave Depth	<u> </u>	ouble	Triple					
Date of Funeral	T	ime of Funera	l Fu	neral starting Poi				
Grave Site Reserved	Yes No	Section		Grave Reservation #				
Is this the first Internment	Yes No No		lease advise first t name / grave #					
Lowering gear required	Yes	Chairs Required	Yes	Shade Tent Required	Yes No			
Backfill Instructions								
	Please not	e that the Shir	e does not supply	shovels				
Francial Divertor Det			,					
Funeral Director Det	alis							
Business Name								
Name of Funeral Direc	tor							
Phone								
Address								

Applicant Details											
Name of Applicant											
Address											
Phone Number											
I, the undersigned take full re	esponsibility for payment of	fees:									
Signature		Date									
Scale of Fees							_				
	Description			Total	Inc GST	Fee Applicable	9				
1 st Internment in New Grav]			-				
- Standard burial (we		,035.00									
·	rial (week day/weekend/pu	iblic holiday)		\$1	,480.00						
2 nd Internment in Existing (Grave eek day/weekend/public ho	oliday)		\ _{\$1}	,357.00						
- Infant/Stillborn bui	_	678.00									
Hearse Hire per day	\$	250.00									
Shade Tent Hire 2 (3x3m) (\$	90.00		_							
Chair Hire – max 30 chairs	<u> </u>			_							
can be no reduction of fees fo	•			\$	50.00						
Bond for Chair Hire (MUST		_		-							
chairs will be charged at \$25 amount, the hirer will be invol	\$	200.00									
umount, the inter will be invol	ceu the difference	_		Total	Pavabla		_				
				l Utai i	Payable						
Date Application Received											
Application Approved	Yes No No	Date Approved/Declined									
Reason for Non-Approval											
Burial Fee Paid	Yes No No	Receipt Number									
Grave Location verified	Yes No No	Grave Numbe	er		G	irid Ref					
Name of Authorising Officer		Signature									
Office Use Only											
Bond paid by (name)		Signature									
Bond received by (name)		Signature									
Cash Receipt No		Date									
Have the chairs been returned chairs before bond can be refu	confirm conditi	ion of	Yes [] No [
Bond Refunded	Yes No No	Yes No									
Bond refunded to ((name)	<u> </u>	Date									
Signature											