



EXCLUSIVE RIGHT OF BURIAL APPLICATION

Surname of Deceased Title Christian name Age

Last Address Postcode

Name of Applicant Phone Number

Address Email Address Postcode

Grantee Right of Burial Name

Address

Funeral Director Details
 Name:
 Address:
 Phone:
 Contact Person:

Particulars of Size Coffin Casket Ashes Date of Death Date of Burial

Denomination Officiating Clergy

Additional Requests

Allotment Details
 Cemetery

Sec Row Wall Tree Area Lot

Interment Single Double Other First Second

Area - Burial	Area - Ashes
Lawn <input type="checkbox"/>	Rose Garden <input type="checkbox"/>
RSL <input type="checkbox"/>	RSL Wall <input type="checkbox"/>
Bushland <input type="checkbox"/>	Niche Wall <input type="checkbox"/>
Children <input type="checkbox"/>	Crab Apple <input type="checkbox"/>
Monumental <input type="checkbox"/>	Camellia Court <input type="checkbox"/>
Vault <input type="checkbox"/>	Cherry Blossom <input type="checkbox"/>
Garden Crypt <input type="checkbox"/>	Bushland <input type="checkbox"/>
Magnolia <input type="checkbox"/>	

Signature

Signature

Graveside Service
 Yes No

Time of Burial

Office Use Only

Prior reservation? Yes No

RGT.2019. _____

Register ID: _____

Invoice # _____

Invoice date _____

Date paid _____

Receipt # _____

Death Certificate _____

Coroner's Certificate _____

Cremation Certificate _____