

**Schedule 7 – Form 6
APPLICATION FOR BURIAL**

[cl 3.1(1)]

Application No: _____

Surname of Deceased: _____

Other Names: _____

Occupation: _____

Address: _____

Religious Affiliation: _____

Age: _____ Date of Death: _____

Date of Burial: _____ Time of Burial: _____

Area: _____ Section: _____

Grave No: _____ Depth of Grave: _____

Length & Width of Grave: _____

Size of ground: _____ Grant No: _____

Grave Type:

- First interment
- Male
- Female

Is a Grant required?

- No
- Yes

Other interment application numbers:

Name and address of application for/or current holder of a Grant of Right of Burial:

(Name)
