



**CEMETERIES LOCAL LAW 2010**  
**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)

(Address)

Name of Minister of person officiating:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Name of Funeral Director:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Name and address of person making application for burial:

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

**OFFICE USE ONLY**

- Doctor's certificate received
- Coroner's order received

Grant of Burial Sent: \_\_\_\_\_

Receipt No. Issued: \_\_\_\_\_

Monumental Mason: \_\_\_\_\_

Date works approved: \_\_\_\_\_