

Application for Burial

Cemeteries Local Law 2010

Schedule 7 – Form 6

[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:	_____
Areas:	_____	Section:	_____
Grave No:	_____	Depth of Grave:	_____
Length & Width of Grave:	_____		
Size of Ground:	_____	Grant No:	_____
Grave Type:	<input type="checkbox"/> First Interment	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Is a Grant Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Other interment application numbers:

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