



Application to reserve a plot in Cemetery

Date of Application: _____

Details of Applicant

Full Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: ____/____/____

NAMES ON RESERVATION/S

1. Full Name: _____ Date of birth: _____

Relationship with applicant: _____

2. Full Name: _____ Date of birth: _____

Relationship with applicant: _____

REQUESTED LOCATION (NUMBER REQUIRED)

Grave Plot

Section: _____

Row/Plot: _____

Ashes Path

Plot _____

Other Details (eg. Specific location if plot details unknown)

OFFICE USE ONLY

Invoice Number: _____

Letter Issued: ____/____/____

Burial Right Fee: \$ _____

Receipt Number: _____

Ashes Reservation Fee: \$ _____

Plot Number: _____

Other: \$ _____

Date entered: ____/____/____

TOTAL: \$ _____

Synergy Reservation: _____