

RESERVATION REQUEST- Grant of Right of Burial

Applicant

Name: _____

Address: _____

Phone No.: _____ Email: _____

Occupation: _____

Denomination (subject to availability): _____

Date of reservation request: _____

Next of Kin

Full Name: _____

Address: _____

Contact Phone Number: _____

Plot Location

Section: _____ Row: _____ Grave No: _____

OFFICE USE ONLY

Recorded Incoming: _____ Date: _____

Date entered on Cemetery Maps: _____

Authorising Officer: _____

Signature: _____ Date: _____

Receipt Number: _____