

# Application for Burial and Instruction for Grave

## Form 4 Cemeteries Act 1986 (cl. 3.1)

Application Date \_\_\_\_\_ Application No. \_\_\_\_\_

Deceased Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Last Residence: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Name of Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Children of Deceased and DOB: \_\_\_\_\_

Date of Burial: \_\_\_\_\_ Time: \_\_\_\_\_ Size of Ground: \_\_\_\_\_

Denominational Ground: \_\_\_\_\_ Row: \_\_\_\_\_ Grave No.: \_\_\_\_\_

Length and width of coffin: \_\_\_\_\_

Depth for 2?: \_\_\_\_\_ Existing Monument?: \_\_\_\_\_

### GRAVE TYPE

First Internment: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is a Grant Required: YES  NO

Other Internment Application Numbers: \_\_\_\_\_

Name and Address of Applicant for/or Current Holder of Grant of Right of Burial: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Minister or Person Officiating: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Funeral Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Name and address of person making application for burial: \_\_\_\_\_

Signature: \_\_\_\_\_

Doctor's Certificate Required  Coroner's Order Received

Date Grant of Burial sent: \_\_\_\_\_ Receipt No. Issued: \_\_\_\_\_

Monumental Mason: \_\_\_\_\_ Date works approved: \_\_\_\_\_