



# Application for Burial

To be completed by the Funeral Director

**First interment**

**Re-opening**

.....  
Interment Number

Full name of deceased: \_\_\_\_\_ AKA \_\_\_\_\_

Last known address: \_\_\_\_\_  
\_\_\_\_\_

Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_ Age: \_\_\_\_\_

Date of interment: \_\_\_\_\_ Time of interment: \_\_\_\_\_ Service: Church\* / Graveside\* / Private\*

Cemetery: \_\_\_\_\_ Section: \_\_\_\_\_ Row: \_\_\_\_\_ Grave No: \_\_\_\_\_

Casket / coffin size: Standard Size \* or (length) \_\_\_\_\_ (width) \_\_\_\_\_ (height) \_\_\_\_\_

Reopening Details:

Current Occupant: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Existing monumental works:\* Yes / No

(If YES please ensure family are advised that Council will not be held responsible for any damage caused by moving the headstone or ledger when a reopening occurs)

Is there an Exclusive Right or Reservation Yes / No

Is a Cross required:\* Yes / No

\* Circle Applicable

**Next of kin or secondary interment right contacts: (Applicant details)**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Ph: \_\_\_\_\_ Email: \_\_\_\_\_

I have read Council's Information & Conditions and hereby agree to abide by those conditions.  
I have given a copy of Council's Information & Conditions to the Applicant.

\_\_\_\_\_  
FUNERAL DIRECTOR TO SIGN

**Office Use Only:**

Cemetery: \_\_\_\_\_ Section: \_\_\_\_\_ Row: \_\_\_\_\_ Grave No: \_\_\_\_\_

Grave: \$ \_\_\_\_\_ Interment: \$ \_\_\_\_\_ Cross: \$ \_\_\_\_\_ Cross Ordered: Yes / No

Reservation: \$ \_\_\_\_\_ Exclusive Right: \$ \_\_\_\_\_ TOTAL FEES: \$ \_\_\_\_\_ Invoiced: \_\_\_\_\_

Burial Register: \_\_\_\_\_ Cemetery Book: \_\_\_\_\_ Old Register: \_\_\_\_\_ OpusXc: \_\_\_\_\_ Word Register: \_\_\_\_\_

Order of Interment issued: Yes / No Order of Interment # \_\_\_\_\_ Text: Yes / No Risk Assmt: Yes / No

Signed by Cemetery Operator: \_\_\_\_\_

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