

Application for Burial & Instruction for Grave

FRM Application for Burial & Instruction for Grave REV0

Deceased Details	
Date of application:	
Full name of deceased:	
Date of birth:	Place of birth:
Age of deceased:	Date of death:
Last place of residence of deceased:	
Place where death occurred:	
Rank or occupation of deceased:	
Denominational ground required:	
Length and width of coffin:	Depth of grave:
Is this the first interment in grave: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Details	
Name & address of applicant for/or current holder of Grant of Right of Burial:	
If already granted, provide number and/or name of grantee:	

Funeral Details	
Date of Burial:	Time:
Name of Minister or Officiating Person:	
Name of Funeral Director:	
Full Name of person making application:	
Signature of Applicant:	

Office Use Only		
Application Received By:		Date:
Grave Number:	Row Number:	No. of Grant:
Section:		Date Issued:
Number in Burial Register:	Cemetery Maintenance Number:	
Date Burial Register, Grant Register & Cemetery Map Updated:		