

## Application for Cemetery Burial Warrant

Application Date \_\_\_\_\_

### Deceased Details

Surname \_\_\_\_\_ First Names \_\_\_\_\_  
 Gender  Male  Female Age \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Last Occupation \_\_\_\_\_ Religion \_\_\_\_\_  
 Last Address \_\_\_\_\_  
 Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_

### Funeral Director OR Payer

Full Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Postal Address \_\_\_\_\_

I confirm that the details of the deceased listed above are correct and is the person being interred.

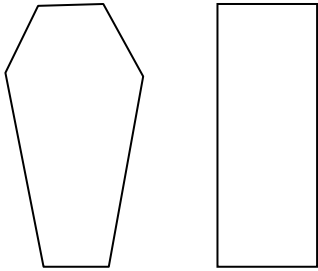
Date \_\_\_\_\_ Signed \_\_\_\_\_

### Burial Details

Cemetery \_\_\_\_\_ Plot Number \_\_\_\_\_  
 Date of Burial \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time of Arrival at Cemetery \_\_\_\_\_  
 Day of Burial \_\_\_\_\_

#### Body Burials

Please indicate Casket Shape



Standard Size  
2100mm Length x 770mm Width

If other than above, please provide measurements  
 Max Length \_\_\_\_\_mm  
 Max Width \_\_\_\_\_mm (including handles)  
 Max Height \_\_\_\_\_mm

#### Burial Type

Body  Ash  Scatter

#### Plot Type

Standard  RSA  Family  
 Child  Infant  
 Reserved  Re-Open  
 Single Depth  Extra Depth

#### Options

Mats  
 Lowering Device (*Funeral Directors own*)  
 Sticks & Straps  
 Backfilling

**Burial Warrant** is hereby granted by the  
 Cemeteries Manager  
 \_\_\_\_\_

Warrant No. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

*Please Note: Burials and/or Scatterings cannot take place until the Burial Warrant has been granted.*