SCENIC RIM
REGIONAL COUNCIL

ABN: 45 596 234 931

Application for Grave Site

Details of Deceased

Full name:	Place & d.o.b: ....
Former address:	Date of Death: ....
....	Age: .... Gender: M / F

Cemetery Arrangements

Cemetery: ....

Cemetery Section: Lawn / Semi-Lawn / Concrete Stripping / Monumental / General / Nursery

Service Type: ❏ Church ❏ Graveside
If both, please indicate order of services

Funeral Service Date: ....
Cemetery Arrival Time: ....am/pm

Shape: ❏ Coffin ❏ Casket ❏ Other
....
Dimensions of coffin/casket (inc. handles, in mm)
.........................x.........................x.........................

Interment Depth

❏ 2.1m (adult and child graves – future burials permitted)	❏ 1.8m (second interment only)	❏ 1.2m (child graves only – no future burials permitted)

Reservation Details

Has a reservation for deceased been made previously?   ❏ Yes   ❏ No

If Yes, grave no. or name of associated person
....
Comments: ....

Are additional reserves required? ❏ Yes   ❏ No

If yes, please specify
❏ Multiple Burial OR ❏ Additional Site Requested

AND complete Application for Reservation of Grave Site with full details of applicant

Next of Kin or Person Arranging Funeral

Name: ....
Address: ....
....
Contact No. :.......................................
Email: ....
Relationship to deceased: ....

Funeral Director

Business Name: ....
Contact Name: ....
Address: ....
....
Telephone: .... Fax: ....
Mobile: ....
Email: ....

Signature: .... Date: ....

OFFICE USE ONLY		
Amount: $	Receipt No:	Date: