

WOOROLOO PUBLIC CEMETERY**Application for Burial****DECEASED**

Name (in full):

Date of Death:

Age:

Last Place of Residence:

Place where Death occurred:

Occupation:

Birth Place:

Cause of Death:

GRAVE

Location:

Section:

Number:

Previously Reserved: Yes or No

If No, please provide details of the person requiring the Grant of Right of Burial:

Name (In Full)

Address:

Contact Phone Number:

If yes, please state the name of Grantee and Grant Number issued on Reservation:

Grantee Name:

Grant Number:

FUNERAL

Name of Funeral Director:

Name of Minister:

Date of Interment:

Time of Interment:

Signature of Applicant:

Date:

OFFICE USE ONLY

Grant of Right Number:

Number of Receipt: