

**MUNDARING PUBLIC CEMETERY****Application for Reservation in Memorial  
Garden or Niche Wall****GRANT OF RIGHT OF BURIAL**

Name (in full):

Address:

Contact Number:

**RESERVATION**

Location (Please Select)

Garden / Niche Wall

Single Plot

Wall Number:

Plot Number:

Signature of Applicant:

Date:

**OFFICE USE ONLY**

Number of Receipt:

Burial Register Number:

Grant of Right Number:

Authorising Officer:

Signature: