

APPLICATION FOR PRIVATE PROPERTY BURIAL

Deceased Details

Surname: _____ First: _____ Middle: _____

Gender: M F Date of Birth: ___ / ___ / ___ Date of Death: ___ / ___ / ___ Age: _____

Religion: _____

Cause of Death: _____

Birthplace: _____

Former Residence: _____

Former Occupation: _____

NB: Please attach a photocopy of the death certificate

Next of Kin Details

Name: _____

Address: _____

Relationship: _____ Phone: _____

Location Details

Property Owner(s): _____

Property Address: _____ Lot & Plan: _____

GPS Data: _____ Owner's Signature: _____

NB: Please attach a sketch of the property, showing the grave location

Funeral Details

Date and time: ___ / ___ / ___ : ___ am / pm

Service Type: Graveside only Church & Graveside: _____

Conductor: _____ Denomination: _____

Funeral Company: _____ Signature: _____

Office Use Only

Officer receiving information: _____ ID Number: _____

Information received from: _____ Receipt Amount: \$ _____

Receipt Number: _____

Date and time received: ___ / ___ / ___ : ___ am / pm

Records: Civica Cemetery Register Cemetery Index Cemetery Plan

Information Privacy Act 2009 – Collection Notice

The Information Privacy Act 2009 governs how your information is used, collected, disclosed and stored. This information will be used for the purpose of assessing your application and will not be disclosed to any other third party without your written or verbal authorisation unless we are required to by law.