



APPLICATION FOR RESERVATION

Applicant Details	
Surname: _____	First: _____ Middle: _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: ____ / ____ / ____
Address: _____	
Phone Number: _____	
Signature: _____	

Reservation Details	
Location: _____ Cemetery	Section: _____ Grave ID: _____
<input type="checkbox"/> Lawn <input type="checkbox"/> Monumental <input type="checkbox"/> Columbarium <input type="checkbox"/> Wall of Remembrance <input type="checkbox"/> Memorial Garden	
Required depth: <input type="checkbox"/> Single <input type="checkbox"/> Double (bottom) <input type="checkbox"/> Double (top) <input type="checkbox"/> Ashes <input type="checkbox"/> _____	

Name(s) Reservations To Be Held In

Office Use Only	
Officer receiving information: _____	ID Number: _____
Information received from: _____	Receipt Amount: \$ _____
	Receipt Number: _____
Date and time received: ____ / ____ / ____ : ____ am / pm	
Records: <input type="checkbox"/> Civica <input type="checkbox"/> Cemetery Register <input type="checkbox"/> Cemetery Index <input type="checkbox"/> 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.