

Full Name of Deceased:.....
 Age: Last Place of Abode:
 Date of Death: Date of Interment:
 Time of Service: Service held at:
 Cemetery: Arno Bay / Cleve / Darke Peak / Rudall / Verran
 Section: Normal / Catholic
 Oversize Coffin: Yes / No Dimensions:.....
 Doctors Partical Certificate of Cause of Death attached (must be included)

Site Details:

Grave Depth: Single (ie; one grave at single depth)
 Companion (ie; one of two single depth graves side by side)
 Double Depth (ie; 2 interments within one grave)

If Double Depth Box Ticked: First Interment Second Interment

Name of First Internment if Second Interment is ticked:

Site previously leased: Yes / No

If yes whom leased: Lease No: **New Lease**
 Yes / No (Council to allocate new Location)

Name of Lessee:

Address of Lessee:

Minister:

Funeral Director:

Details of Person Legally Responsible for Payment of all Cemetery Fees & Charges

Name:

Address:

Suburb: **State:** **Postcode:**

Telephone(H): **Mobile:** **Signed:**

I verify that the above information is correct, as provided by the deceased families / agent

Signed: Date:

Print Name: Company:

We require this form to be signed, dated and faxed to the Council prior to commencing further arrangements. Please keep your completed original for your records.

OFFICE USE ONLY:

Burial Number:

Lease Number:

Grave Costs \$.....

Add. Costs \$.....

Lease Fee \$.....

TOTAL (inc GST): \$.....