



Surname of Deceased  Title  Christian name  Age

Last Address  Postcode  Date of Birth   
 Date of Death

Grantee Right of Burial Name  Title  Phone Number

Residential Address  Email Address   
 Postcode

Postal Address  Signature   
 Postcode

**Funeral Director Details**

Name:  Graveside Service  Yes  No  
 Address:  Amount to be invoiced \$   
 Phone:  invoice to:  Time of Burial   
 Contact Person:  Funeral Director   
 Grantee ROB

Particulars of Size  Coffin  Casket  Ashes  Date of Burial

Denomination  Officiating Clergy

Additional Requests

**Allotment Details**

Cemetery  Queanbeyan / Bungendore / Braidwood / Other:

Sec  Row  Wall  Tree  Area  Lot

Interment  Single  Double  First  Second  Other

<b>Area - Burial</b>	Lawn <input type="checkbox"/>	Monumental <input type="checkbox"/>	<b>Area - Ashes</b>	Rose Garden <input type="checkbox"/>	<input type="text"/>
RSL <input type="checkbox"/>	Vault <input type="checkbox"/>	RSL Wall <input type="checkbox"/>	Camellia Court <input type="checkbox"/>		
Bushland <input type="checkbox"/>	Garden Crypt <input type="checkbox"/>	Niche Wall <input type="checkbox"/>	Cherry Blossom <input type="checkbox"/>		
Children <input type="checkbox"/>	Magnolia Garden <input type="checkbox"/>	Crab Apple <input type="checkbox"/>	Bushland <input type="checkbox"/>		
Islamic <input type="checkbox"/>	Islamic Baby Garden <input type="checkbox"/>	Methodist Garden - Memorial Only <input type="checkbox"/>			

Office Use Only

Prior reservation?  Yes  No

RGT. . \_\_\_\_\_

Register ID: \_\_\_\_\_

Invoice # \_\_\_\_\_

Invoice date \_\_\_\_\_

Date paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Death Certificate \_\_\_\_\_

Coroner's Certificate \_\_\_\_\_

Cremation Certificate \_\_\_\_\_

Please note: Any prices quoted do not include headstone, plaque or monument, unless stated otherwise