



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 Postcode Signature _____

Funeral Director Details
 Name:
 Address:
 Phone:
 Contact Person:

Graveside Service Yes No
 Amount to be invoiced \$
 invoice to:
 Funeral Director
 Grantee ROB

Particulars of Size Coffin Casket Ashes

Time of Burial
 Date of Burial

Denomination

Officiating Clergy

Additional Requests

Allotment Details Seanbeyan / Bungendore / Braidwood / Other:

Cemetery Sec Row Wall Tree Area Lot

Interment Single Double First Second Other **Area -**

Area - Burial
 Lawn Monumental Vault
 RSL Garden Crypt
 Bushland Magnolia Garden
 Children Islamic Baby
 Islamic Garden
Ashes Rose Garden
 RSL Wall Camellia
 Niche Wall Court Cherry
 Crab Apple Blossom
 Bushland
 Methodist Garden - Memorial Only

Office Use Only

Prior reservation?RGT. Yes No

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