

Application for Burial / Internment Permit

Sedgefield

Jerrys Plains

The Deceased Details:

Full Name of Deceased (*Please Print*): _____

Address: _____

Date of Death: _____ Age : _____ Date of Birth: _____ Sex : F / M

Date of Burial / Internment: _____

Section: _____ Allotment No: _____

Double Depth: Yes No Graveside Burial: Yes No

Right of Burial Holder (next of kin) Details:

Name (*Please Print*): _____

Address: _____

Contact Number: _____ Date of Birth: _____

Relationship to deceased: _____

Undertakers Details:

Name (*Please Print*): _____

Address: _____

Phone No: _____ Email: _____

Signature: _____ Date: _____

Applicant Details:

Name: _____

Address: _____

I/We understand I/We are responsible for the land and/or internment fees of \$ _____

Signature: _____ Date: _____

Office Use Only:

Plot Cost: \$ _____ Date: _____ Action to Finance

Burial Cost: \$ _____ Permit No: _____

Total: \$ _____ ROB: _____ Cost Code (16): _____