

Cemetery Booking Request

Funeral Director / Stone Mason / Contractor: _____

CONTACT FAX or EMAIL _____

Cemetery: _____

Name of Deceased: _____

BOOKING DETAILS INTERMENT complete section A / MEMORIAL complete Section B

Section A

INTERMENT DETAILS

INTERMENT TYPE : ASHES or BODILY REMAINS

FEES TO BE PAID BY: _____

ADDRESS: _____

INTERMENT RIGHT NUMBER: _____

COFFIN detail confirmation

Dimensions of coffin, receptacle or container (if any):

Length (cms) _____ Width (cms) _____ Depth (cms) _____

Material of Coffin, receptacle or container is constructed (eg wood, metal) _____

Grave Detail Confirmation

Depth: SINGLE / DOUBLE / RE-OPENING

If Re-opening

Name of first interment: _____

Grave Size: STANDARD / CASKET / OVERSIZE / ASHES

Dimensions: Length _____ mm

Width _____ mm

Grave ready at: Date: _____ Time: _____ am/pm

If new interment right is required please complete form DCSB-Form 07 Application for Interment Right

Information for interment

Interment application authorisation form completed YES / NO
Copy of Death Certificate or partial death certificate received YES / NO
Copy of Disposal Authorisation provided to Council YES / NO

Preferred time on day of funeral to view the nameplate on the coffin / ashes

Time _____

Location – *cemetery, council office, hospital* _____

Section B

MEMORIAL DETAILS

Interment right Number _____

Memorial Approved _____

Date Memorial Approved _____

Date works to be undertaken _____

BOOKING CONFIRMATION – OFFICE USE ONLY

Approved / Rejected By (Please Circle): _____

Date: _____

Reasons: _____

Returned to Funeral Director / Contractor on: _____ **at** _____ **am/pm**

Signed: _____