



CEMETERY RESERVATION FORM

Contact details of person reserving plot

Surname _____ Given Name(s) _____

Postal address _____

Phone Number: _____ Date of Birth _____

Reserving Plot For _____

Postal address _____

Phone Number: _____ Date of Birth _____

Cemetery

Balranald

Euston

Denominational

Lawn

Ashes Wall

Denomination _____

Row _____

Plot _____

Council contacted

Plot available

Confirmed with customer

Signature _____ Date _____

OFFICE USE ONLY

Plot checked Yes No

Inspection Completed by:

Date: Fees Paid: Yes No

Receipt Number: _____

Received by: _____ Date: _____

Inspection Completed by: _____ Date: _____