



Application for a Grave – Coffin/Casket Burial

A grave is required by the undersigned in accordance with the undermentioned particulars regarding the deceased:

Cemetery:	<input type="checkbox"/> Goondiwindi	<input type="checkbox"/> Inglewood	<input type="checkbox"/> Texas	<input type="checkbox"/> Yelarbon
DETAILS OF DECEASED				
Surname		Given Names		
Date of Birth		Date of Death		
Age		Place of Birth		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Late residence		
Occupation or Profession		Denomination		
Documentation:	<input type="checkbox"/> Form 9 Cause of Death Certificate; or <input type="checkbox"/> Coroner's Certificate * Documentation must be supplied at time of application			
Was the deceased a member of the Armed Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regiment Number (if available)		
FUNERAL ARRANGEMENTS If Grave Side Service Only – Tick box <input type="checkbox"/>				
Date of Service		Set up time	am/pm	Time of service
				am/pm
Details of Church				Time of grave filling
				am/pm
Officiating Minister or Celebrant				
Size of Coffin:	Length	mm	Width	mm
GRAVE TYPE - * Goondiwindi Memorial Section No burials other than existing Reservations * Goondiwindi Lawn Section – All Graves are double depth				
<input type="checkbox"/> Lawn or <input type="checkbox"/> Monumental	<input type="checkbox"/> Single <input type="checkbox"/> Double * Insufficient depth to allow second interment including ashes	<input type="checkbox"/> Traditional* <input type="checkbox"/> Infant or Child	Plot Location (Office Use Only)	
Does the Deceased have a reserve grave	<input type="checkbox"/> Yes <input type="checkbox"/> No	If a second interment – Name of first interment:		
*If in Inglewood or Texas – Please specify section (denomination)				
RESERVE DETAILS Please complete in full				
Is an adjoining grave reservation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adjoining Plot Location (Office Use Only)		
Is a reservee to be interred in same grave as current application?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Male	<input type="checkbox"/> Female			
Surname		Given Names		
Address				
Phone Number		Email		
Signature of Representative		Name of Representative		
Company Name		Phone Number	Date	

FOR OFFICE USE ONLY

Fees:	\$	Date Received:		Receipt No:	
Plot Prefix:		Adjoining Reserve Plot Prefix:			
Information:	<input type="checkbox"/> Practical	<input type="checkbox"/> BDM	<input type="checkbox"/> Book	<input type="checkbox"/> Map	