



Application to Reserve a Grave Site or Columbarium Niche

A Grave Site / Columbarium Niche is to be reserved for the person(s) whose details appear below:

Cemetery:	<input type="checkbox"/> Goondiwindi	<input type="checkbox"/> Inglewood	<input type="checkbox"/> Texas	<input type="checkbox"/> Yelarbon
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Reservation 1

GRAVE				
	Lawn	Number of Grave (Office Use Only)	Monumental	Number of Grave (Office Use Only)
Goondiwindi	<input type="checkbox"/>		N/A	
Inglewood	<input type="checkbox"/>		<input type="checkbox"/>	
Texas	<input type="checkbox"/>		<input type="checkbox"/>	
Yelarbon	N/A		<input type="checkbox"/>	

COLUMBARIUM NICHE			
	Wall Number	Number of Niche (Office Use Only)	
		Row	Niche
Goondiwindi	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
Inglewood	<input type="checkbox"/> 1		
Texas	<input type="checkbox"/> 1		
Yelarbon	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

Reservation 2

GRAVE				
	Lawn	Number of Grave (Office Use Only)	Monumental	Number of Grave (Office Use Only)
Goondiwindi	<input type="checkbox"/>		N/A	
Inglewood	<input type="checkbox"/>		<input type="checkbox"/>	
Texas	<input type="checkbox"/>		<input type="checkbox"/>	
Yelarbon	N/A		<input type="checkbox"/>	

COLUMBARIUM NICHE			
	Wall Number	Number of Niche (Office Use Only)	
		Row	Niche
Goondiwindi	<input type="checkbox"/> 1 <input type="checkbox"/> 2		
Inglewood	<input type="checkbox"/> 1		
Texas	<input type="checkbox"/> 1		
Yelarbon	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

RESERVEE 1 DETAILS Please complete in full			
Surname			
Given Name			
Address			
Contact phone number		Email	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Signature			

RESERVEE 2 DETAILS Please complete in full			
Surname			
Given Name			
Address			
Contact phone number		Email	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Signature			

If reserving a double depth grave, provide details of the second interment. If undecided at this time record "TBA".

NOTE: If details not provided prior to a request being received from a Funeral Director to conduct a second interment in the grave, approval will be granted in accordance with the Funeral Director's application

Please note: All details are required before this form can lodged with Council

FOR OFFICE USE ONLY

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