



Please complete this form if you seek to reserve a grave plot or ashes location.

CRMS No:

F/Filer Index No:

Application to reserve a plot

Applicant:

Company Name / Contact Name: _____

Postal Address: _____

Contact Telephone Number: _____

Signature: _____ Date: _____

Type of reservation:

- Grave Plot
- Ashes Garden
- Columbarium

Number of reservations required: _____

Name/s on reservation/s: _____

Proposed location details

Cemetery: _____ Denomination: _____

If you wish to be near a specific area, please complete the following:

Section: _____ Row: _____ Plot: _____

Note: Placement in the nearest location to family members may involve an additional cost associated with probing existing areas.

On-site Meeting

Do you require an on-site meeting to discuss location? YES / NO

Location Details Confirmed:

Denomination: _____ Section: _____ Row: _____ Plot: _____

Administrative Details:

Entered on computer

Additional Costs

Entered on Maps

Burial Right fee: _____ Ashes reservation fee: _____

Total Paid: _____ Receipt Number: _____ Date: _____

OFFICE USE ONLY: