

Application to Reserve a Cemetery Plot

Name of Cemetery: _____

Applicant's Details

Applicant's name: _____

Name of person the reservation is for: _____

Postal address: _____

Email address: _____

Phone: _____ Mobile phone: _____

Applicant's signature: _____ Date: _____

Payment Details

Name of person responsible for the account: _____
(If different from above applicant)

Postal address: _____

Office Use Only

Cemetery: _____

Block: _____

Row No.: _____

Plot No.: _____

Plot location confirmed: Yes / No

Records updated: Yes / No

Invoice requested: Yes / No

Account paid: Yes / No

Rec't No: _____

Reservation cert. sent: Yes / No

Reservation cert. No.: _____

Certificate copied: Yes / No

Document ID: _____

Date Received

