

Full Name of Deceased	
Age at Time of Death	
Date of Death	
Place of Death	
Usual Place of abode	
Date and time of interment	
Ashes or Burial	
Gravel Plot Number	
Type of Grave	New single burial / Re-open for burial / Ashes / Re-open for ashes
If re-opening, name of the interred	
If already purchased, name of the owner and grant certificate number	
Signature of owner of Exclusive Right if not deceased	
Contact details of next of kin Name/Address/Phone No/Email	
Signature of NOK as Privacy Consent to process their data for the purposes of administration of the grave space.	Date.....
Fee Payable	
Date of Invoice sent	
Paid	
Details of Minister (if attending)	

Contact details of Funeral Director	
Dimensions of Coffin/Ashes Casket H x W x D	
Signature of Funeral Director	
Date	