



APPLICATION FOR EXCLUSIVE RIGHT OF BURIAL

1. Name of purchaser.....

2. Address.....
.....

3. Grave Space number requested (optional).....

4. Name and address of next of kin
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5. Name and address of Funeral Directors (if known).....
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.....

FOR OFFICIAL USE ONLY

Ex Right of Burial
Reg of Graves
Reg of Purchased Graves
Reg of Burials
Receipt for fees

PURCHASE
INTERMENT

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