PERMIT FOR BURIAL



Full Name of Deceased:			ur ogg s
Last Residence of Deceased:			
Occupation of Deceased:			
Date of Birth:		Gender:	MALE / FEMALE
Date of Death:		Age:	
Date of Funeral:		Funeral Time:	
Church (details):		Graveside	
Clergy:			
Section:		Row:	
		Allotment:	
New Burial	Single	Double	
Reopening	To be interred with:		
Size of Allotment:	Standard		
	Other (details):		
Executor/Next of Kin:			
Current address of Executor/Next of Kin:			
Name of Funeral Director:			
Signature of Funeral Director:		Date:	
Please Note: This permit must be lodged with Council a minimum of two working days prior to the proposed date and time of the interment.		OFFICE USE Map checked/updated Gravedigger given paperwork Alphabetical listing updated Computer records updated Calendar invite sent Debtor's form completed	