

## Reservation Request for Exclusive Right of Burial, Rose Garden or Niche Wall Plot

A separate form must be used for each reservation.

|   |   |  |
|---|---|--|
| Full Name of Applicant  |   |  |
| Applicant Address   | .....<br>.....Postcode.....   |  |
| Relationship to Persons entitled to EROB  |   |  |
| Phone Number  |   |  |
| Email   |   |  |
| Person/s entitles to be buried under Exclusive Right of Burial                        |   |  |
| Next of kin   |   |  |
| Exclusive Right of Burial Location ID (section of cemetery or niche, row or location) | Longford Lawn .....<br>Longford Rose Garden .....<br>Longford Niche Wall .....<br>Perth Lawn .....<br>Perth Niche Wall .....<br>Evandale Rose Garden .....<br>Bishopsbourne Lawn .....<br>Bishopsbourne Rose Garden ..... |  |
| Granted with Fee \$_____  | Yes/No  | Applications to renew, cancel or transfer must be made in writing, detailing reasons for action. It is the responsibility of the purchaser of this certificate to keep the cemetery manager informed of their current details. |
| Granted for 25 years  | Yes/No  |  |

Applicant/Next of Kin Signature..... Date .....

Name of Signatory.....

|   |          |
|---|----------|
| Amount of Remittance for Exclusive Right of Burial enclosed with this Application | \$ ..... |
|---|----------|

|                           |            |
|---------------------------|------------|
| Approval by Council ..... | Date ..... |
|---------------------------|------------|