



TRIM Reference: \_\_\_\_\_

## APPLICATION FOR BURIAL – MULLEWA CEMETERY

Burial Registration Number: \_\_\_\_\_

### SECTION 1 Deceased's Details

Surname: \_\_\_\_\_ Alias: \_\_\_\_\_

Given Name(s): \_\_\_\_\_ Alias: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date of Burial: \_\_\_\_\_ Religion: \_\_\_\_\_

Time of Burial: \_\_\_\_\_ am/pm Private Burial:  Yes  No

### SECTION 2 Grave Details

Grave Details:  New Grave  Pre-Purchase  Re-Open\*

Grant Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Location: Plot \_\_\_\_\_ Row \_\_\_\_\_ No. \_\_\_\_\_

Pre-Purchase adjoining grave:  Yes  No

Name of Minister: \_\_\_\_\_

Surname: *Grantee* \_\_\_\_\_ Given Name(s): \_\_\_\_\_*As Grantee, I approve to re-open this grave.*

**\* RE-OPEN: the grave must be cleared of all memorabilia 48 hours prior to the burial. Failure to remove all possessions will result in a delay of burial.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Statutory Declaration

 Yes  No

Required only where the applicant for the funeral is not the Grantee or the Grantee is deceased and the interment is for a person other than the Grantee, please submit this this application.

**SECTION 3** Personal Details Application for Burial (Next of Kin)

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4** Grantee Details Purchase New Grave

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5** Authority to Charge to Funeral Director and Branch

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Branch: \_\_\_\_\_

Licence Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE

### STANDARD AND ADDITIONAL CHARGES

- Burial Fee       Use of Grave       Grant: \_\_\_\_\_  
 Saturday       Sunday/PH       Renewal: \_\_\_\_\_

Other: *please specify* \_\_\_\_\_

**TOTAL PAYABLE APPLICATION:** \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

**TOTAL PAYABLE GRANT/OTHER:** \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Officer's Initials: \_\_\_\_\_

Manager's Initials: \_\_\_\_\_ Date: \_\_\_\_\_