



REQUEST FOR BURIAL PERMIT

(Please & complete the appropriate boxes)

<input type="checkbox"/> Tenterfield	<input type="checkbox"/> Torrington	<input type="checkbox"/> Legume	<input type="checkbox"/> Urbenville
<input type="checkbox"/> Drake	<input type="checkbox"/> Stannum	<input type="checkbox"/> Fred Pavel Memorial Wall	
<input type="checkbox"/> Lawn Section	<input type="checkbox"/> Old Section	<input type="checkbox"/> Niche Wall	<input type="checkbox"/> Memorial Rose Garden

THE APPLICANT <i>(Burial Permit will be forwarded to this name and address)</i>	
Name:	
Address: Postcode:	
Email:	
Phone: (W) (M)	
Signature/s: Date:	

Deceased Person Details: <i>(All must be completed)</i>	
Full Name of Deceased: <i>(Christian Names in lower case & Surname in UPPERCASE, i.e. Greg Lee SMITH)</i>	
Last Address of Deceased: Postcode:	
Date of Death: Age:	
Date of Burial:	
Time of Funeral: Graveside Service ONLY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interment: <input type="checkbox"/> Single <input type="checkbox"/> Double	
Known - Lot No: Row:	
<input type="checkbox"/> Coffin <input type="checkbox"/> Casket Lid Size:	
<small>Additional Details Used to Update Historical Information (Not Mandatory)</small>	
Full Name of Deceased Parents:	
Other Information about Deceased (e.g. Married to/Maiden Name/Single etc)	

Person Responsible for Account Details: <i>(All must be completed)</i>	
Forward Account to: <i>(Christian Names in lower case & Surname in UPPERCASE, i.e. Greg Lee SMITH)</i>	
Address: Postcode:	
SIGNATURE(S): Date:	

Please Return To:

Tenterfield Shire Council
 247 Rouse Street (PO Box 214)
TENTERFIELD NSW 2372
council@tenterfield.nsw.gov.au Phone: (02) 6736 6002

Office use only

Date Received:	Receipt No:	Amount:
Allocated: Lot No:	Section:	Row: