



Application for Cemetery Reservation

10 Graham Place, CASINO
 19-25 Woodburn Street, EVANS HEAD
 Locked Bag 10, CASINO, NSW, 2470
 Phone: 02 6660 0300 Fax: 02 6660 1300 council@richmondvalley.nsw.gov.au

Casino Lawn Cemetery Evans Head Coraki

Applicant name:

Applicant postal address:p/code.....

Phone contacts: (H)(B).....

(M) Email:

Relationship to holder of reservation:.....

Hereby apply for reservation for *(please circle)* **Mr, Mrs, Miss, Ms:**

Surname:

Given names:.....

Last residential address:

Denomination:..... If deceased – date of death:.....

Please forward correspondence to:

In the burial allotment as described:

| Grave | Columbarium Wall | Memorial Garden |
|----------|---|-----------------|
| Section: | Wall: | Garden: |
| Row: | Side: | Section: |
| Plot: | Niche: | Plot: |
| Depth: | Closed wall - memorials only <input type="checkbox"/> | |

Signature of Applicant:..... Date:

Name of Witness:
 (Please print)

Signature of Witness:..... Date:

| | |
|-------------------|--------------------|
| Office Use only | Date |
| Receipt No. | Amount: |
| Debtor No: | Mnemonic: |
| Database Name ID: | Burial Licence No: |