



REQUEST FOR NEW INTERMENT RIGHT

Applicant Details:	
<i>Interment Right Holder 1</i>	
Name:	
Address:	Post Code:
Postal Address:	
Phone:	Mobile:
Email:	
<i>Interment Right Holder 2 (If applicable)</i>	
Name:	
Address:	Post Code:
Postal Address:	
Phone:	Mobile:
Email:	
Cemetery / Location of Grave:	
Cemetery Name:	
Section:	
i.e. General Section, Memorial Gardens, Niche Wall, Lawn Section	
Lot Number (if known):	
General Information:	
Are you a property owner or resident within the Alexandrina Council District? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are not a property owner or resident within the Alexandrina Council District, please give reasons for choosing a cemetery allotment in Alexandrina Council:	

I hereby request a 50 year Cemetery Interment Right as detailed above and declare that all information provided on this form is true and accurate. Any accounts for the relevant fees & charges are to be forwarded to me at the above postal address (shown on Interment Right Holder1).

Interment Right Holder 1

Full Name: _____

Signature: _____ Date: _____

Interment Right Holder 2

Full Name: _____

Signature: _____ Date: _____