

FUNERAL DIRECTOR DETAILS	
Funeral Director Business Name:	
First Name/s:	Surname:
Telephone:	Mobile:
Email:	

GRANT OF RIGHT HOLDER DETAILS		
First Name/s:	Surname:	
Residential Address:		
Suburb:	State:	Post Code:
Postal Address:		
Suburb:	State:	Post Code:
Telephone:	Mobile:	
Email:	Relationship:	

PLOT DETAILS			
Cemetery:	Row:	Plot:	Section:
Grant of Right Number:	Interment No: <input type="checkbox"/> First <input type="checkbox"/> Second		
Copy of Original Grant Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID # (if no GOR provide copy):		
Deceased Name:			

DECLARATION OF APPLICANT	
<p>I certify that there is no other person with equal or greater interest objecting to the burial of the above deceased at the above plot. As the Grant of Right Holder of the above plot, I confirm approval for its use, for the burial of the above deceased.</p>	
Signature:	Date:

OFFICE USE ONLY		
Date:	GOR No.	GOR Expiry:
Officer Name:	Sign:	