APPLICATION FOR INTERMENT RIGHT

APPLICATION ID:
CEMETERY NAME:

SECTION DETAILS:	
SECTION:	
ROW:	LOT:

Interment Right is for a term of 99 years.

APPLICANT DETAILS:			
INTERMENT RIGHT HOLDER 1			
SURNAME:			
GIVEN NAMES:		Date of Birth:	
ADDRESS:			
Telephone:	Mobile:	Email:	
INTERMENT RIGHT HOLDER 2 ***(if applicable)***			
SURNAME:			
GIVEN NAMES:		Date of Birth:	
ADDRESS:			
Telephone:	Mobile:	Email:	

AUTHORISATION

I, the applicant, hereby apply to be registered as the Interment Right Holder for the Interment Right as detailed above and declare that all information provided on this form is true and accurate.

I, the applicant, confirm that I have received and signed the CASA Burial and Memorial Sites, Interment Rights & Responsibilities Form.

I, the applicant, agree to abide by the terms and conditions set out in the Cemetery Rules of Operations.

Interment Right Holder 1:

Signed: Date:

Interment Right Holder 2:

Signed: Date: