



TRIM Reference: _____

APPLICATION FOR BURIAL – MULLEWA CEMETERY

Burial Registration No: _____

SECTION ONE: Deceased's Details

Surname: _____ Alias: _____

First Names: _____ Alias: _____

Address: _____

Date of Birth: _____ Birthplace: _____

Age: _____ Gender: _____

Date of Death: _____

Place of Death: _____

Cause of Death: _____

Date of Burial: _____ Religion: _____

Time of Burial: _____ am/pm Private Burial: Yes No**SECTION TWO: Grave Details**Grave Details: New Grave Re-Open Pre-Purchase

Grant Number: _____ Expiry Date: _____

Location: *Plot* _____ *Row* _____ *Number* _____* Pre-Purchase adjoining grave: Yes No

Name of Minister: _____

Surname (Grantee): _____ First Names: _____

As Grantee, I approve the re-open of this grave

Signature: _____ Date: _____

Statutory Declaration Yes No

Required only where the applicant for the funeral is not the Grantee or the Grantee is deceased and the interment is for a person other than the Grantee, Please submit with this application.

SECTION THREE: Personal Details Application for Burial (Next of Kin)

Surname: _____ Title: _____

First Names: _____

Address: _____

Post Code: _____ Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

SECTION FOUR: Grantee Details Purchase New Grave

Surname: _____ Title: _____

First Names: _____

Address: _____

Post Code: _____ Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

AUTHORITY TO CHARGE TO FUNERAL DIRECTOR AND BRANCH

Name: _____

Company: _____

Branch: _____

Licence No: _____ Mobile Number: _____

Signature: _____ Date: _____

OFFICE USE

STANDARD AND ADDITIONAL CHARGES

- Burial Fee Use of Grave _____ Grant
 Saturday Sunday/PH _____ Renewal

Other (Specify): _____

TOTAL PAYABLE APPLICATION: \$ _____

Receipt Number: _____ Date: ____ / ____ / ____

TOTAL PAYABLE GRANT/OTHER: \$ _____

Receipt Number: _____ Date: ____ / ____ / ____

Officer's Initials: _____

Manager's Initials: _____ Date: ____ / ____ / ____