



Day and Date of Interment		Time
Full Name of Deceased		
Marital Status		Male / Female

Address (usual place of residence)		
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Age	Date of Birth	Date of Death
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Address where death occurred		
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Grave Details	Number	Section	Depth
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Outside Measurement of Coffin/Casket (exact sizes)		
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Name of Officiant	Religion
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Location of Service if not using Cemetery Chapel
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Music Requirements Music + visual tributes to be ordered by Funeral Director on OBITUS at www.obitus.com

Visual tributes for service: Holding Picture <input type="radio"/> Slideshow <input type="radio"/> Video Tribute <input type="radio"/>
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DVD Recording of Service <input type="radio"/> Webcasting of Service <input type="radio"/>
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Special Instructions or Additional Information
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Name & Address of Funeral Director

Telephone Number

Signature	Date
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Office Use Only			
Register No	Deed No.	Date Issued	Receipt No.
Purchase	Interment	Chapel	Total



Request to Open Grave

Grave Details	Number	Section
Name of Last Person Interred		
Declaration of Registered Owner (Unless the person being interred is the owner of the grave)		
Owner's Full Name (Mr/Mrs/Ms./Miss/_____) _____ (BLOCK CAPITALS PLEASE)		
I am the registered owner (or if this is an owner's burial, the registered owner's representative) and I consent to this grave being opened for the purpose of interring the person named overleaf.		
Signature of Applicant _____		Date _____
Address		
Telephone Number		
Email Address		
If owner deceased legal representative's relationship to deceased Nearest Relative <input type="radio"/> Executor <input type="radio"/> Other _____		

Joint Applicant

Declaration of Registered Owner (Unless the person being interred is the owner of the grave)		
Owner's Full Name (Mr/Mrs/Ms./Miss/_____) _____ (BLOCK CAPITALS PLEASE)		
I am the registered owner (or if this is an owner's burial, the registered owner's representative) and I consent to this grave being opened for the purpose of interring the person named overleaf.		
Signature of Applicant _____		Date _____
Address		
Telephone Number		
Email Address		
If owner deceased legal representative's relationship to deceased Nearest Relative <input type="radio"/> Executor <input type="radio"/> Other _____		