



**REQUEST FOR ADVANCE LEASE/
MEMORIAL LICENCE
(Port MacDonnell Cemetery)**

Form No:	WKS001.1
Page No:	1 of 1
Last Updated:	13 th January 2012
Form Ownership:	Administration Officer - Works
Relevant Policy/Act:	8.3 Cemetery

Date:

LESSEE DETAILS

Surname: Given Names:

Postal Address:

Telephone:

Signature:

LOCATION

Burial Section Section: Lot:

Cremation Memorial Garden Lot:

BURIAL/INTERMENT DETAILS

Person/s to be interred on this site:

or

Person able to nominate whose remains will be interred on this site:

Name:

Address:

Telephone:

OFFICE USE ONLY

Entered in Cemetery Register:

Date:

No:

Advance Lease/Licence Sent:

Date:

Payment Details:

Receipt No:

Amount: