



**REQUEST FOR ADVANCE
INTERMENT RIGHT
(Port MacDonnell Cemetery)**

Form No:	WKS001.1
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Last Updated:	23 rd May 2023
Form Ownership:	Administration Officer - Works
Relevant Policy/Act:	8.3 Cemetery

DATE

INTERMENT RIGHT HOLDER DETAILS

Surname: Given Names:

Postal Address:

Telephone:

Email:

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:

Email:

Relationship to Interment Right Holder:

OFFICE USE ONLY

Entered in Cemetery Register:

Date:

No:

Payment Details:

Receipt No:

Amount:

Advance Interment Right Sent:

Date: