



**SCHEDULE "A"
BADGINGARRA CEMETERY**

**FORM OF INSTRUCTION FOR GRAVES AND APPLICATION
FOR ORDER OF BURIAL/INTERMENT OF ASHES**

Name of Deceased: _____

Age of Deceased: _____ Date of Death: _____

Last Residence of Deceased: _____

Place where death occurred: _____

Birthplace of deceased: _____

Supposed cause of death: _____

Religious affiliation: _____

Name of Minister officiating: _____

Ashes Only

Number of niche: _____ North/South Wall: _____

Burial Only

Date and hour of burial: _____

Name of Undertaker: _____

Number of grave: _____ Size of grave: _____

Depth of grave: _____

Grant of Right of Burial/Niche tenure details

Name: _____

Address: _____

Applicants Signature

Signature of person making application: _____

Official Use Only

Application received this _____ day of _____ at _____ pm/am

CHIEF EXECUTIVE OFFICER