



# SOUTHERN MALLEE DISTRICT COUNCIL

Ref: 16.16/7

## LAMEROO CEMETERY

## INTERMENT BOOKING

DETAILS OF DECEASED		
SURNAME	Mr / Mrs / Ms / Miss	
GIVEN NAMES		
LAST PLACE OF RESIDENCE		
	POSTCODE	
DATE OF DEATH	MALE / FEMALE	
DATE OF BIRTH	AGE	RELIGION

*If name of deceased and IR holder are the same – a Transfer of IR is required – check original IR*

INTERMENT RIGHT HOLDER		INTERMENT RIGHT NO
SURNAME	Mr / Mrs / Ms / Miss	
GIVEN NAMES		
POSTAL ADDRESS		
CONTACT PHONE	MOBILE	
EMAIL		

FUNERAL/INTERMENT DETAILS	
DATE	TIME
PLACE OF FUNERAL SERVICE Church / Graveside / Other	Please specify
PLACE OF RECEPTION / WAKE (optional)	
FUNERAL DIRECTOR	
TIME & PLACE TO MEET FUNERAL DIRECTOR	
MINISTER TO OFFICIATE	
WOULD FAMILY LIKE THE FLAG TO BE HALF-MAST? Yes / No	

*Hall Hire Permit may be required for funeral service or reception*

SITE DETAILS			
SITE	New / Re-opening	Coffin or Casket measurements	
GRAVESITE	Row	Plot No	
	Single Depth / Double Depth / Child / Ashes / Other <i>(Complete only for gravesite bookings)</i>		
COLUMBARIUM	The Island / Internal Wall / External Wall	NICHE	
	Urn / Container / Loose / Other <i>(Complete only for columbarium bookings)</i>		
FEES	Interment Right \$	+ Burial/Interment \$	+ Curator \$ Total \$

*Ashes into Gravesite Application Form may be required*

INVOICE TO	
NAME	
POSTAL ADDRESS	
EMAIL	
HOME PHONE NUMBER	MOBILE

Details received from \_\_\_\_\_ on / / Phone / Visit / Email

Recorded by [Staff Member] \_\_\_\_\_ Dated / / *Action Form Required*