



The Council of the
SHIRE OF BREWARRINA

Shire Office:
57 Bathurst Street
BREWARRINA NSW 2839
Phone: (02) 6830 5100

Postal Address:
PO Box 125
BREWARRINA NSW 2839
Fax: (02) 6839 2100

REQUEST FOR BURIAL ORDER APPLICATION FORM

CEMETERY: Brewarrina ☐ Goodooga ☐ Other ☐

DECEASED PERSONS DETAILS

Name of Deceased:

Occupation of Deceased:

Late Residence of Deceased:

.....

Sex: Male ☐ Female ☐ Age:..... years/months

Date of Death: Death certificate attached to application: Yes ☐ No ☐

Date of Burial.....

Section of Cemetery: Lot No.:

Does the Deceased have a Right to Burial: Yes ☐ No ☐

If yes, what is the Right of Burial No.: and Date:

Has the Right of Burial been Pre-Purchased: Yes ☐ No ☐

UNDERTAKERS DETAILS

Name of Undertakers:

Contact person:

Address of Undertaker:

.....

Phone: Fax:

FEES PAYABLE: AS PER CURRENT SCHEDULE OF FEES AND CHARGES