



Cloncurry Shire Council

FRM – COR 1029-04

FORM 4 - APPLICATION FOR RESERVATION OF PLOT

APPLICANT'S DETAILS

Full Name:	Contact Phone No:
Postal Address:	Contact Fax No:
	Contact Email:

NEXT OF KIN DETAILS

Contact Person:	Contact Phone No:
Postal Address:	Contact Fax No:
	Contact Email:

GRAVE DETAILS

Cemetery Name:		
Portion:	Section:	Grave No:

Applicant Signature:
Date:

OFFICE USE ONLY	
Received By (Council Employee Name):	
Invoice No:	Receipt No:
Date:	
Amount: \$	
Employee Signature:	