



# 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:

### RESERVATION FOR:

Name:
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### 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:	