



Cemetery/Memorial Gardens Reservation Request Form

Cemetery or Memorial Gardens

Portion	Row	Grave No.
Section	Site	Site No.

Name & Address of Licensee for this Reservation

Please Note: The above named licensee will be required to give signed authorisation for any decisions or future use regarding this site.

Telephone number

Email Address

@

Name & Address of person who site is reserved for (if different from above)

I/We are aware that there will be interment, plaque or installation charges at the time of need. I/we declare all information given by me/us on this form is correct. I/We have read the General Cemetery Conditions applicable to the site and agree to abide by those which apply now and at the time of placement. I/We have been informed of the rules and regulations concerning the erection of monuments and that there will be a plaque and installation fee at the time of burial.

Signature.....Date.....

Please make cheques payable to Wollongong City Council

OFFICE USE ONLY		
Receipt No. _____	Amount Paid _____	Date Paid _____
CASH/CHEQUE/CARD/ACCOUNT (Please circle)		

Wollongong Memorial Gardens
Telephone: 4227 7780 Facsimile: 4271 7535
Locked Bag 8821, Wollongong 2500
Berkeley Road Unanderra
A Division of Wollongong City Council