

ENTERED	
DATE	INITIALS

Acc No 109678

Derby and Fitzroy Crossing Public Cemeteries

Form of Instruction for Graves and the Application for the order of Burial

SURNAME: _____ GIVEN NAME: _____

BIRTHPLACE: _____

DATE OF DEATH: _____

LAST PLACE OF RESIDENCE: _____

FUNERAL DIRECTOR: _____ *Derby Funeral Service*

AGE: _____

CAUSE OF DEATH: _____

PLACE WHERE DEATH OCCURRED: _____

DENOMINATION: _____

PLOT: _____ DEPTH/SIZE OF GRAVE: (D) _____ x (L) _____ x (W) _____

MINISTER: _____

DATE AND TIME OF BURIAL: ____/____/____ am/pm
(DD/MM/YYYY)

Signature of PERSON making the Application: _____

Application Received (DATE) _____ (TIME) _____

Signature of CLERK receiving the application: _____

No of APPLICATION _____

No of GRAVE _____

No of RECEIPT _____