



PINGELLY CEMETERY RESERVATION

NAME	
ADDRESS	
PHONE	
RESERVED PLOT NUMBER	
CEMETERY SECTION	
DATE	
NEXT OF KIN CONTACT DETAILS	

I understand that this agreement is subject to a 25 year tenure.

Signature of Applicant _____ Date _____

<i>OFFICE USE ONLY</i>	
DATE RECEIVED	
AMOUNT	
RECEIPT NUMBER	
NAME & SIGNATURE	
Before filling in information, please complete the relevant sections of the Cemetery Register	