



# REQUEST FOR RIGHT OF BURIAL (RROB)

**Requested By:** \_\_\_\_\_

**Name of Cemetery:** \_\_\_\_\_

**Plot Number(s):** \_\_\_\_\_  
(Attach Plan of Cemetery)

**Reserved For (names):** \_\_\_\_\_

**Reservation Costs:** \_\_\_\_\_

**Charge To:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will be responsible for the debt as stated above. Should I fail to complete payment of the account within 30 days from the end of the month in which the invoice is raised, I understand that the reservation will be cancelled.

**Signed:** \_\_\_\_\_

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## OFFICE USE ONLY

	<b>CEMETERY</b>	<b>GLA NO.</b>	<b>CHARGES</b>	<b>GST</b>	<b>TOTAL</b>
	C H Lawn	7412-522			
	Irishtown	7412-526			