

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENTAL MANAGEMENT

APPLICATION FOR GRAVE SPACE / BURIAL

Cemetery site:

Name of Deceased:

Date of Birth:

Date of Death:

Name of Next of Kin:

Residential Address

Contact Details:

Expected Date of Burial:

Next of Kin Signature:

Burial applications to be done atleast a day before the date of burial.

Applicant to attach the following Documents:

- Deceased Death Certificate certified copy
- Next of Kin's Identification Document certified copy

FOR OFFICIAL USE ONLY

Administration Fee:

Receipt No:

Allocated Grave No:

Date: