



PO Box 21 LOCKHART NSW 2656
Ph: (02) 6920 5305 Fax: (02) 6920 5247
Email: mail@lockhart.nsw.gov.au

I
(Name of Applicant)

hereby apply for a Certificate of Perpetual Interment Right to be in the name of:

Surname

Given Names (in full)

of
(insert full address of person for whom certificate is to be issued)

for Plot No.: Row No.: Section No.:

of the section of the Cemetery.

The prescribed fee of is enclosed within.

(Signature)

Address of Applicant:

(insert full address of person requesting certificate, if different from above)

The Privacy and Personal Information Protection Act 1998 (PPIA) provides for the protection of personal information and privacy of individuals generally.

The information collected on this form may be provided to other officers within Council to assist in assessing/determining your application.

Where provided for by legislation this information may be passed on to other State and Commonwealth agencies and departments.

Office Use Only

Date Received:

Receipt No.:

Amount: \$

Please contact Council's Administration Office for the appropriate fees.