

SCHEDULE "E"

DERBY AND FITZROY CROSSING PUBLIC CEMETERIES

**FORM OF INSTRUCTION FOR GRAVES AND APPLICATION FOR
ORDER OF BURIAL**

Answers to the following questions to be supplied at the time of making application:

Date:

- 1. Name of deceased
- 2. Age of deceased
- 3. Date of death
- 4. Last residence of deceased
- 5. Place where death occurred
- 6. Date and hour of burial
- 7. Birthplace of deceased
- 8. Supposed cause of death
- 9. What denomination
- 10. Number of grave
- 11. Name of Minister
- 12. Size of grave
- 13. Name of undertaker
- 14. Depth of grave

Signature of person making application:.....

Application received this.....day of.....

At.....o'clock.....

Clerk.....

No. of Application.....

No. of Grave.....

No. of Receipt.....

**NOTE: IF A FREE INTERMENT IS REQUIRED, SPECIFY NAME OF
MAGISTRATE SIGNING ORDER AND DATE THEREOF.**