



Locked Bag 5, Bingara NSW 2404

GWYDIR SHIRE COUNCIL

ABN 11 636 419 850

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BINGARA OFFICE 33 Maitland Street, Bingara NSW 2404

TELEPHONE 02 6724 2000

WARIALDA OFFICE 54 Hope Street, Warialda NSW 2402

TELEPHONE 02 6729 3000

WINNER OF THE A R BLUETT MEMORIAL AWARD WINNER OF THE NSW TRAINING INITIATIVE AWARD

APPLICATION FOR RIGHT OF BURIAL RESERVATION

APPLICANT DETAILS

Name	Surname	
Address		
Suburb	State	Postcode
Phone Number		
Email Address		

RESERVEE DETAILS

Number of Reservations Required: ☐ 1 ☐ 2 ☐

Surname	
Given Name/s	
Address	
Date of Birth	

Office Use Only

Division	<input type="checkbox"/> Lawn <input type="checkbox"/> Presbyterian <input type="checkbox"/> Catholic <input type="checkbox"/> CofE <input type="checkbox"/> Salvation Army <input type="checkbox"/> Columbarium
Row	
Grave No	
Niche	

Surname	
Given Name/s	
Address	
Date of Birth	

Office Use Only

Division	<input type="checkbox"/> Lawn <input type="checkbox"/> Presbyterian <input type="checkbox"/> Catholic <input type="checkbox"/> CofE <input type="checkbox"/> Salvation Army <input type="checkbox"/> Columbarium
Row	
Grave No	
Niche	

RESERVATION DETAILS

Cemetery	<input type="checkbox"/> Bingara <input type="checkbox"/> Warialda
Number of Plots Required	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Columbarium Niche/s Required	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Extra Depth Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL FEES PAYABLE	\$

Office Use Only			
Fee Paid	\$	Receipt Number	
Invoiced			
Right of Burial Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No	ROB Number	
Date Issued		Entered	<input type="checkbox"/> Authority <input type="checkbox"/> Cemetery Register
Officer			
NOTES	To be entered into Content Manager once Right of Burial is issued and information entered into Authority		