

FUNERAL REQUEST FORM

REQUEST DETAILS	
DATE	
REQUEST FROM	
BILLING NAME	
BILLING ADDRESS	
CONTACT NUMBER	
EMAIL ADDRESS	
BURIAL DETAILS	
FIRST NAME	
SURNAME	
OTHER NAMES	
DATE OF DEATH	
AGE AT DEATH	
SERVICE DETAIL	
DATE OF SERVICE	
PLACE OF SERVICE	TRIABUNNA CEMETERY BICHENO CEMETERY
TIME OF SERVICE	
OFFICIATING	
NEXT OF KIN	
NAME	
ADDRESS	
RELATIONSHIP	
CONTACT NUMBER	
REQUIREMENTS	
SECTION	LAWN SECTION OLD SECTION NICHE WALL
DEPTH	STANDARD DEPTH EXTRA DEPTH
ACCOUNT	
TO BE INVOICED	CHEQUE
OFFICE USE ONLY	
RECEIVED BY	WORKS DEPARTMENT
DATE	
SITE LOCATION	
WORKS REQ No.	
INVOICE TOTAL	\$ (INCLUDING GST)

*Please email this request to admin@freycinet.tas.gov.au
Attention: Works Department – Works Manager