



CEMETERY RESERVATION

ORDER FOR

Please complete this form and return to the council office:
29 Holland St (PO Box 321) Kingston SE SA 5275 EMAIL: rates@kingstondc.sa.gov.au

Surname:

Christian Names:

Postal Address:

Phone:

Email:

I agree to my email being added to Council's email database? Yes No

I agree to my phone number being added to Council's database? Yes No

Plot Details:

Grave Type: Niche Wall Lawn Section B Garden path (ashes)

Row:

Lot Number:

Next of Kin Details:

Name:

Postal Address:

Phone:

Signature: Date:

Office Use Only:			
Reservation Recorded: <input type="checkbox"/>	Date: ___/___/___	Debtor No:	Fee: \$72.00
Signed:			

