



**SALISBURY
CATHOLIC
PARISH
PIONEER CEMETERY**

ABN: 90 160 926 649

23 Commercial Road
Salisbury S A 5108

Telephone 8258 2314
Curator 0439 832 834
email: salcath9@tpg.com.au

BURIAL LICENCE APPLICATION FORM

APPLICANT(S).....(Surname).....(Christian names).....

ADDRESS.....

TELEPHONE:..... (Home).....(Work)

LICENCEE (if different).....(Surname).....(Christian names).....

ADDRESS

TELEPHONE:..... (Home).....(Work)

DECEASED.....(Surname).....(Christian Names).....

ADDRESS

Date of death.../.../.... (Age)..... Parish:.....

NEXT OF KIN.....(Surname).....(Christian Names).....

ADDRESS.....

I request the granting of exclusive right of Burial for a term of 50 / 99 (circle applicable) years in:

Section: Lawn Beam / Traditional / Vault / Cremated Remains (circle applicable)

Is this plot or part thereof required for immediate use? YES / NO (circle applicable)

Single Plot / Double Plot – Single depth / Double depth / Triple depth. (circle applicable)

This application applies to First Interment / Second Interment / Third Interment (circle applicable)

Please indicate -Plot number if second interment, or Prepaid.....

Size of Casket: Height.....Width.....Length.....

I AGREE TO COMPLY WITH THE REGULATIONS, TERMS AND CONDITIONS NOW IN FORCE, OR,
WHICH MAY BE HEREAFTER PASSED BY THE COMMITTEE FOR THE MANAGEMENT OF THE
CEMETERY. **NOTE: FEES ARE NOT REFUNDABLE**

...../...../.....
Date Signature of Licensee

DESCRIPTION OF PLOT

Section.....Row.....Number.....

ApprovedFee..... Paid.....