District Council of ELLISTON

PO BOX 46 ELLISTON SA 5670
PHONE: (08) 8687 9177
EMAIL: DCE@ELLISTON.SA.GOV.AU

EF007 Notification of Burial

Cemetery At: _____

Name of Deceased: _____

Age of Deceased: _____

The Last Residence of Deceased: _____

Religious Denomination: _____

Date of Death: _____

Day and Hour of Funeral: _____

Name of Undertaker: _____

Name of Minister or Person Conducting the Burial Service: _____

Contact No/s: _____

Public or Private Grave: _____

Executor of Estate: _____

Lease Required: _____

Signature of Person Giving Particulars: _____

Date: _____

OFFICE USE ONLY

Grave Number:_____

Debtor Name: _____

Debtor Number: _____

Date: _____

Debtor Amount: _____