



**Thorak Regional Cemetery
Pre-Purchase (Future use)
Exclusive Right of Interment Application Form**

TRC-FOR-007

Applicant/Grantee Details (Details of the person who will be the holder of the exclusive right of burial)

Title and Full Name:

Residential Address:

..... Post Code:

Postal Address: Post Code:

Mobile Number: Email:

Do you the applicant, intend to be buried under this exclusive right of burial? **Yes** **No**

If Yes: Personal representative

(Identify a person who will in the event of your death, act as your representative to exercise the exclusive right of burial on your behalf).

Title and Full Name:

Residential Address:

..... Post Code:

Postal Address: Post Code:

Mobile Number: Email:

If No: Person/Persons to be buried under the exclusive right.

(Specify the details of each person who will be buried at the burial site under the exclusive right of burial in no order).

Person 1

Title and Full Name:

Postal Address:

..... Post Code:

D.O.B / / Relationship to the applicant:

Person 2 (if applicable)

Title and Full Name:

Postal Address:

..... Post Code:

D.O.B / / Relationship to the applicant:

