



Cemetery Niche Wall Reservation

Cemetery: CUBALLING POPANYINNING

Name: _____

Type of Plot Single Double Name of 2nd Occupant _____

Phone Number: _____

Description of Plot: Row: _____ Column: _____

Date _____

NEXT OF KIN CONTACT DETAILS

Name: _____ Phone No. _____

Email: _____

Address: _____

I understand that this agreement is subject to a 25 year tenure.

Signature of Applicant Date

Office Use Only

Date Received: _____ Map Updated: _____ Grant of Burial No. _____

Amount Paid: _____ Receipt No.: _____

Staff Name: _____ Signature: _____