



Shire of Esperance Public Cemeteries

Application for Reservation of Burial Plot or Memorial Garden Site

- Esperance Cemetery
 Salmon Gums Cemetery

Date of Application: ____ / ____ / ____

Reservation Number: _____

Details of the Applicant

Surname: _____

First Name: _____

Residential Address: _____

Postal Address: _____

Phone Number: _____

Section: Lawn Rose Garden Niche Wall

Grid Reference: _____

Signature _____

Note: The Reservation fee is a non refundable fee and covers Reservation only. Cost of plaques and burial will be determined at time of interment.

Office Use Only

Receipt Number: _____ Amount Paid: \$ _____

Plan Updated Right of Burial Issued

Date Used: _____

Grave Number Issued: _____