Please print clearly in BLOCK LETTERS with a black pen. Please tick ☑ the appropriate boxes.

Please allow up to 10 working days for the research process to be completed.

1 Applicant	details				
Your name	Full name				
Postal address ⊠	Street or PO				
Daytime contact details	Phone		Fax		
	Mobile		Email		
Relationship to the Dec	eased				
2 Details abo	out the perso	n/s to be researched (l	Deceas	ed)	
Full Name	Full name				
	Also Known As				
	Cemetery				
Date of Death					
D (					
Date of Birth	-4-!!-				
3 Cemetery d	etaiis				
ocation	Town/Locality				
	Additional information				
4 Signatures	5				
<b>.</b>					
Signature of applicant(s)				Date	/ /
be	ga valley shire council				