

GRAVE RESTORATION FORM

PERSONAL DETAILS	Grave Number:	
*Name of Deceased (as per the death certificate):		
Date of Death (if known) :		
*Authorising Name:		
*Relationship to Deceased:		
Home Tel. No.		
*Mobile Tel. No.		
*Email address:		
Signature:		
Date of request:		
Would you like to be kept informed when the grave has been maintained?	YES / NO (please circle)	

*** Fields are necessary**

This signature is providing permission from the above mentioned family member/relation; to allow BHDG Cemetery Group to implement and maintain the above mention grave number. This information will be kept on a secure and confidential database and photographic evidence will be derived and used for documentation purposes ONLY.