



METROPOLITAN
CEMETERIES BOARD



Request for Funeral Application Form(s)

Your Details

Name	
Address	
	Postcode
Mobile Phone	Home phone
Email	

Deceased Details (Please use our [search](#) facility to accurately identify the deceased.)

Name	Date of Death

Post form to me:

Email form to me:

Total number of forms required: ____

Fees payable: \$7.00 AUD inc GST per form

Total payment owing: \$_____

PAYMENT OPTIONS: *An invoice with payment options will be issued upon receipt of a correctly completed form. The MCB will provide a GST compliant receipt for all approved payments.*

MCB USE ONLY:

Amount Paid \$_____ Receipt Number_____ Date_____