



Cemetery: Spains Road, Salisbury Downs, SA, 5108
 Office: Salisbury Community Hub
 34 Church Street, Salisbury, SA, 5108
 Postal: PO Box 8, Salisbury, SA, 5108
 Telephone: 08 8406 8317
 TTY: 08 8406 8596 (for hearing impaired)
 Email: cemetery@salisbury.sa.gov.au
 Website: www.salisbury.sa.gov.au
 ABN: 82 615 416 895

BURIAL ORDER FORM 2022-23

Site Number _____	New <input type="checkbox"/> Re-Open <input type="checkbox"/> Pre-Need/Reservation <input type="checkbox"/>
Date of Funeral _____	Time of Arrival at SMP _____
Current Interment Right Holder or Authorised Representative of the Deceased	
Name _____	Relationship to Deceased _____
Address _____	
Phone _____	Email _____
Deceased	
Name _____	
Last Known Address _____	
Age _____	Gender _____ Date of Death _____
Funeral Director	
Name _____	Contact Person _____
Address _____	
Phone _____	Email _____
Signature _____	Date _____
Additional Documents	
If new site: Burial and Memorial Sites Interment Rights and Responsibilities	
If Interment Right Holder is the deceased: Transfer of Interment Right Holder Form + Burial and Memorial Sites Interment Rights and Responsibilities	
Burial Details & Fees	
Lease	
New lease fee \$4095 Lease extension fee \$400/5 years Extend by _____ years \$ _____	
New lease vault \$15100 (existing leases require min. of 20 years remaining on lease)	
Burial	
Burial fee Single \$2025 <input type="checkbox"/> Double \$2195 <input type="checkbox"/> Triple \$2475 <input type="checkbox"/> Vault open/close \$2025 <input type="checkbox"/> \$ _____	
Coffin Height _____ mm Width * _____ mm Length _____ mm	
* Width over 680mm <input type="checkbox"/> American / Box Type / Metal Casket <input type="checkbox"/>	
Special Fees	
Bookings after 3:30pm \$510 <input type="checkbox"/> Saturday Fee \$610 (if after 3:30pm additional \$510) <input type="checkbox"/> \$ _____	
All non-lawn sections Concrete remove / reinstate \$735 <input type="checkbox"/> Remove / replace ledger \$745 <input type="checkbox"/> \$ _____	
(fees inclusive of GST) Total \$ _____	
Additional Information	
Use of SMP's lowering device and mats <input type="checkbox"/> Graveside service <input type="checkbox"/>	
Extra activities (music, food serving) _____	
Return Burial Order Form To cemetery@salisbury.sa.gov.au	
Confirmation at Cemetery on day of burial Signed by Funeral Director _____ _____ Date: _____	Office Use Only CemeteryData Entered <input type="checkbox"/> DataWorks No: _____ Emailed SMP _____ Certificate -Date Posted _____ DataWorks No: _____ Noted <input type="checkbox"/>