

Ref : CP 2020/2021/04-01
Enq. : Mr. P. Kashihakumwa

OFFICE OF THE ENVIRONMENTAL HEALTH
APPLICATION FOR GRAVE SPACE

REFERENCES: EH/2020/2021....

I/we hereby apply for a grave for my/our beloved in the municipal cemetery.

Name of Deceased: _____
Date of Birth: _____
Date of Death: _____
Marital Status: _____
Sex: _____
Town/Village: _____
Region: _____
Congregation: _____
Religious: _____
Grave No: _____

Name of undertaker: _____
ID. Number: _____
Tel: Number _____
Relationship: _____
Residential Address: _____
Postal Address: _____
Cell: _____
Signature: _____

Date of Burial: _____



All official correspondences must be addressed to the Chief Executive Officer