Shire of Christmas Island Burial Register Data Collection Form



Please use a separate form for each grave, and complete all relevant sections. If details are uncertain or no longer known, write "Unknown". **Email form to Iris.Lim@shire.gov.cx**

Family Name										
Given Names										
Other Names /						nguage				
Title					/ [ialect				
Date of Birth				Birthplace Town, Coun	trv					
Cultural				Religion	/					
Background										
Date of Death				Place of Dea	ith					
Age at Death				Date of Buri	al					
Type	ahla haw\	Burial 🔲	Cremation							
(Tick applicable box)		Duriai 🗀	Cremation		Da	te Installe	4			
Headstone / Mesan Materials					Da	te mstanet	a			
Additional										
Informati	ion									
Please attached photo of the Grave/Headstone clearly shown with the Headstone Inscription.										
				,						
	1		Ne	xt of Kin – On Isla						
Name						Relationship to Deceased				
Dantal					to D	eceased				
Postal Address										
Audiess										
Email					Phor	Phone /				
					Mob	Mobile No.				
Next of Kin – Off Island										
Name				At OI KIII — OII ISIA	Relationship					
Ivallie						eceased				
Postal					1 00 2		l			
Address										
						,				
Email						Phone /				
					Mob	Mobile No.				
				Office Use Only						
Cemetery Code					Section					
•										
Grave No.					Photo					
					No.					
Data:			H/C File							
Initial Entry Date				No.						