



**JEWISH
CEMETERY
TRUST
NECROPOLIS**

ABN 26 498 565 369

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Reserve Ground Information

SECTION ROW PLOT

Surname _____

Title _____

Hebrew Name _____

Cohen / Levy / Israelite

Usual Residence _____

Suburb _____ State _____ PostCode _____

Contact Number _____

Date of Birth _____

City of Birth _____

Country of Birth _____

Parents' Information

Father's Surname _____

Father's Given Name _____

Mother's Maiden Name _____

Mother's Given Name _____

Spouse Details

Surname _____

Given Name _____

Children's Information

Name _____ Male/Female

Date of Birth _____

Name _____ Male/Female

Date of Birth _____

Name _____ Male/Female

Date of Birth _____

Next Of Kin

Name _____

Relation To Applicant _____

Address _____

Suburb _____ State _____ Postcode _____

Contact Number _____

Fax _____

Email _____

To Be Completed And Returned

Tick one: Monumental
 Lawn

Given Names _____

Ben / Bat _____

Previous Surname _____