



EBONY VAULTS IKOYI  
A subsidiary of Ebony Funeral Services Ltd.

## APPLICATION FOR BURIAL

### INFORMATION ABOUT THE DECEASED PERSON

Full Name: \_\_\_\_\_

First

Middle

Maiden

Last

Full Name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_

Date of Burial: \_\_\_\_\_ Time of Funeral: \_\_\_\_\_

### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_

First

Middle

Maiden

Last

Relationship to the deceased: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Applicant's Mobile Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Death Certificate Number: \_\_\_\_\_

Office Use: Phase: \_\_\_\_\_ Vault Number: \_\_\_\_\_