



MUNICIPALITY OTJIWARONGO

TELEPHONE (09 264 67) 302231
FAX (09 264 67) 302098
E-MAIL enquiries@otjimun.org.na
REF NO 17/6/1

PRIVATE BAG 2209
OTJIWARONGO
NAMIBIA

NOTICE OF INTERNMENT

Burial Order Number	
Name of Deceased	
Sex	
Age	
Date of Birth	
Nationality	
Birth Place	
Last Residence	
Cause of Death	
Date of Death	
Burial order	
By Whom Certified	
To be interred on	
Number of Plot or Grave Space	
In whose name is Plot to be registered	
Digging of grave (Either yourself or the Municipality)	
Closing of grave (Either yourself or the Municipality)	

DATE	SIGNATURE OF APPLICANT
CONTACT NUMBER	

THE FOLLOWING DOCUMENTS MUST ACCOMPANIED WITH APPLICATIONS:

- 1. Copy of Death Certificate**
- 2. Original removal/burial order**

17/6/1

The Cemetery Supervisor
OTJIWARONGO

Sir

PERMISSION FOR BURIAL

Permission is hereby granted to _____
to bury late _____ in the Municipal Cemetery.

Date of burial: _____
Time of burial: _____
Grave number: _____

CHIEF EXECUTIVE OFFICER

CEMETERY SUPERVISOR

FOR OFFICE USE

Amount: N\$ _____
Receipt number: _____
Date: _____



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APPLICATION FOR THE EXCLUSIVE RIGHT OF BURIAL IN A PLOT

NAME OF APPLICANT:			
AGE:	BIRTH DATE:	MALE	FEMALE
PLOT APPLIED FOR:			
RELATIONSHIP WITH DECEASED TO BE BURIED IN ADJOINING PLOT:			

OCCUPATION OF APPLICANT:	OCCUPATION OF DECEASED:
PERIOD APPLICANT IS RESIDING IN OTJIWARONGO DISTRICT:	
NAME AND ADDRESS OF RELATIVES WHO WOULD LIKELY MAKE THE NECESSARY ARRANGEMENTS FOR THE BURIAL SHOULD THE APPLICANT PASS AWAY:	

I agree that relatives, my heirs, estate and I will bind to any conditions that may be stipulated for the purpose of reserving a burial plot.

DATE

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY
The applicant of _____ For the purchase of the exclusive right of burial in a plot are approved / not approved and the certificate in accordance with regulation 8 may not be issued.