



MANNING WALLAMBA FAMILY HISTORY SOCIETY INC
ISOLATED OR UNMARKED GRAVES

SURNAME: _____ GIVEN NAMES: _____

BIRTH DATE: _____ BIRTH PLACE: _____

DEATH DATE: _____ AGE AT DEATH: _____

PLACE OF DEATH: _____

BURIAL DATE: _____ BURIAL PLACE: _____

CEMETERY SECTION: _____ GRAVE ROW/NUMBER: _____

GRAVE PHOTO: YES/NO COPY SUPPLIED: YES/NO

SPOUSE/S: _____

PARENTS: _____

DO YOU HAVE DOCUMENTATION OF THE ABOVE?

CERTIFICATE: YES/NO COPY SUPPLIED: YES/NO

MAP (if grave on private property): YES/NO COPY SUPPLIED: YES/NO

EXTRA INFORMATION: _____

Name: _____

Address: _____

Phone: _____ Email: _____

I understand that the above burial details may be used in publications in the future.

Signed: _____ Date: _____

Are you willing to share this data with others seeking information about this family? Yes/No

Please return to: Manning Wallamba Family History Society Inc. PO Box 48, Taree, 2430

Or leave at the Society section of the MidCoast Council Library, Victoria Street, Taree