

Authority to Post Cremated Remains

I hereby give permissions the Cremated Re		norial Parks to send via registered
	Full Name	ne
To the Following:		
Name:		
Address:		
Suburb:	State:	Postcode:
Phone Number:	Email:.	l:
liable for any cremate	ed remains that are lost submitted through reg	nd Crematoria Authority are not st/damaged in transit or not received egistered post or any other reason
Authorised by	the person who applie	ied for cremation (Applicant):
Name:		
Phone:		
Signature:		Date:
Authorised Officer (or	n behalf of the Authorit	ity)
Name:	Signature:	Date: