|  |  |
| --- | --- |
| **Application for Pre-Paid Cremation** | **NOTE:** 1. All questions must be answered fully
2. All information is strictly confidential – please refer to our Privacy Policy available on our website
 |

**How to complete the form**

1. Part A and Part B must be completed by an applicant who wishes to pre-pay for a cremation.
2. Part C must be completed by Canberra Memorial Parks.

**Part A: Application for Cremation**

**Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Other names  |  |
| Address  |  | Postcode |  |
| Contact Number  |  | Email |  |

**Part B: Applicant Signature**

|  |  |
| --- | --- |
| **Signature of Applicant** |  |
| **Date** |  |

**Part C: Office Use Only**

|  |  |
| --- | --- |
| **Receipt Ref. #**  |  |

 [ ]  Receipt generated

[ ]  Database updated

|  |  |
| --- | --- |
| **Signature**  |  |
| **Name** |  |
| **Date** |  |