|  |  |
| --- | --- |
| **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** |  |