Authority to Collect

I, …………………..………………………………………………………………………………………………………

of

(Address)……………………………………………………………………………………………………………

hereby authorise

(Name) ……………………………………………………………………………………………..………………………….…

(Address)……………………………………………………………………………………………………………

(Email)……………………………………………………………………………………………………………….

(Contact Phone Number)…………………………………………………………………………………..

to collect the cremated remains of the late

……………………………………………………………………………………………………………………………

from Canberra Memorial Parks.

Signature:

Date: