

NORWOOD PARK LIMITED

65 Sandford Street
MITCHELL ACT 2911
Phone (02) 6241 3177
Fax (02) 6241 7649

APPLICATION TO DISESTABLISH MEMORIAL

Only the holder of the Right of Interment can sign this form.

| | | |
|-----------------|--------------------------------------|--|
| Deceased | Name | |
| | Date of Birth | |
| | Date of Death | |
| | Memorial Location at Norwood Park | |

| | | | |
|---|-----------|-------|-------|
| Holder of the Right of Interment | Name | | |
| | Address | | |
| | Telephone | Home: | Work: |

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| Reason for disestablishment |
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| Details of new interment location |
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| I hereby declare that I am the holder of the Right of Interment and acknowledge that Norwood Park will only release the cremated remains on receipt of this form providing a handwritten signature. I understand that by doing so, I am relinquishing all rights to the memorial. |
| Holder of the Right of Interment Signature |
| Witness Signature |
| Witness Name |