



I, .....

give permission to

.....

Contact number: .....

to collect from Norwood Park the cremated remains of the Late

.....

Authorised by the person who applied for cremation

Name in block letters .....

Signature .....

Date .....

**Norwood Park Limited**  
**PO Box 18 DICKSON ACT 2602**  
**65 Sandford Street MITCHELL ACT 2911**  
**Phone: (02) 6241 3177 Fax: (02) 6241 7649**  
**Web: [www.norwoodpark.com.au](http://www.norwoodpark.com.au) Email: [info@norwoodpark.com.au](mailto:info@norwoodpark.com.au)**