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## AUTHORISATION TO COLLECT ASHES

I give permission to

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

to collect from Norwood Park, the cremated remains of the Late

\_\_\_\_\_  
FULL NAME

Authorised by the person who applied for cremation (Applicant):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Checked by Norwood Park Staff: \_\_\_\_\_

