



POST PO Box 18 DICKSON ACT 2602
OFFICE 65 Sandford Street, MITCHELL ACT 2911
PHONE 02 6241 3177 | FAX 02 6241 7649
EMAIL info@norwoodpark.com.au
ABN 66 008 439 441
WEBSITE www.norwoodpark.com.au

APPLICATION TO DISESTABLISH MEMORIAL

The holder of the Right of Interment must sign this form.

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

Holder of the Right of Interment	Name		
	Address		
	Email		
	Telephone	Home:	Mobile:

Reason for disestablishment

Details of new interment location

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	Date

