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## APPLICATION TO DISESTABLISH MEMORIAL

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

|                 |                                   |  |
|-----------------|-----------------------------------|--|
| <b>Deceased</b> | Name                              |  |
|                 | Date of Birth                     |  |
|                 | Date of Death                     |  |
|                 | Memorial Location at Norwood Park |  |

|   |           |       |         |
|---|-----------|-------|---------|
| <b>Holder of the Right of Interment</b> | Name      |       |         |
|   | Address   |       |         |
|   | Email     |       |         |
|   | Telephone | Home: | Mobile: |

|                                    |
|------------------------------------|
| <b>Reason for disestablishment</b> |
|                                    |
|                                    |
|                                    |
|                                    |

|  |
|--|
| <b>Details of new interment location</b> |
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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. |             |
| <b>Holder of the Right of Interment Signature</b>   |             |
| <b>Witness Signature</b>  |             |
| <b>Witness Name</b>   | <b>Date</b> |

