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## AUTHORITY TO POST CREMATED REMAINS

I hereby give permission for Norwood Park Crematorium  
to send via registered post the Cremated Remains of the Late

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FULL NAME

To the following:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SUBURB: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

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

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

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

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

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

