



POST PO Box 663, MITCHELL ACT 2911
OFFICE 65 Sandford Street, MITCHELL ACT 2911
PHONE 02 6241 3177
EMAIL info@norwoodpark.com.au
ABN 66 008 439 441
WEBSITE www.norwoodpark.com.au

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: _____

