

TO ALBANY CEMETERY BOARD
P O BOX 469
ALBANY W A 6331

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Facsimile 08) 9844 8016
email allambie@iinet.net.au

APPLICATION FOR CREMATION AGREEMENT

I HEREBY APPLY for a Cremation Agreement in accordance with the Board's Policy and Schedule of Fees and Charges AND I ENCLOSE THE SUM OF **\$1,166.00**

PARTICULARS OF APPLICANT

Full Name _____

Previous Name or Names (if any) _____

Address _____

Date of Birth _____

Place of Birth _____

I ACKNOWLEDGE that I have read and fully understand and accept the Conditions of the Cremation Agreement set out on the reverse side of this form.

SIGNATURE OF APPLICANT _____ **Date** _____

See over for Conditions of Cremation Agreement

Office Use
Certificate No. _____
Receipt No. _____
Dated _____