



BURIAL/CREMATED REMAINS INSTRUCTION FORM

Macquarie Park North Ryde

Frenchs Forest Davidson

Field of Mars Ryde

Gore Hill St Leonards

Sandgate Newcastle

Full Name of Deceased: _____

Age: _____ Sex: Male Female Date of Birth: _____

Date of Death: _____ Date of Interment: _____

Funeral Director: _____ Place of Death: _____

Burial Place Details: _____

Number

Section

Denomination

I, the undersigned being the: (please circle one)

- a) Right of burial applicant
- b) Nominated holder
- c) Dual empowered legal representative

For the above-mentioned burial place, do hereby request the Trustees of the Northern Metropolitan Cemeteries Trust (the "Trust") to allow the said burial place to be opened and the body/cremated remains of the above deceased to be interred therein and the conduct of any associated service or ceremony.

I hereby certify that I am empowered to authorise the opening of this burial place and that the said deceased is rightly to be interred therein. In consideration of the Trust allowing the opening of this grave, the burials place and the interment therein and the service and ceremony, I the undersigned DO HEREBY INDEMNIFY the Trust against all actions, proceedings, claims, damages, costs, losses and expenses whatsoever as a result of the Trust having consented to my request.

AND I AGREE to pay the Trust forthwith all relevant fees and charges payable in respect of this interment.

Dated this: _____ Day of: _____

Day

Month

Year

Full Name: Mr, Mrs, Ms, Dr _____

Address: _____

Postcode: _____ Telephone Number: _____

Signature: _____ Relationship to Deceased: _____

Relationship to Grantee: _____

Name of Witness: _____ Signature of Witness: _____

Please direct Sandgate Cemetery enquiries directly to Sandgate on PH: 02 4968 3602 or Fax: 02 4968 1100

OFFICE USE ONLY - (please initial)

Alphabetical _____ Register _____
Computer _____ Corro _____

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