



THE SECRETARY
ALBANY CEMETERY BOARD
P O BOX 469
ALBANY W A 6330

Telephone (08) 9844 7766
Facsimile (08) 9844 8016
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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 **\$ 1,540.00**

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 ____/____/____

Details for Payment by Direct Debit

Account Name: Albany Cemetery Board Bank: BankWest
BSB 306-001 Account Number 4150350 Ref: "Surname"

Office Use

Certificate Number _____

Receipt Number _____

Dated _____