



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

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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 **\$ 1,650.00**

### **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"

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Office Use

Certificate Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

Dated \_\_\_\_\_