



**REMEMBRANCE PARKS**  
CENTRAL VICTORIA

5 Victoria Street, Eaglehawk 3556

PO Box 268, Eaglehawk 3556

ABN: 65 631 351 280

**Phone: 1300 266 561**

Email: [sales@rpcv.com.au](mailto:sales@rpcv.com.au)

Office Hours:

8:30am – 4:30pm Monday to Friday

## Authority to collect Cremated Remains on behalf of Applicant

|  |   |              |
|--|---|--------------|
| I,   | <b>Print full name of applicant here:</b>           |              |
| Of,  | <b>Insert address of applicant here:</b>            |              |
| As the applicant for the cremation of  |   |              |
| <b>Print full name of deceased here:</b>   |   |              |
| I authorise the person(s) listed below, to collect the Cremated Remains of the above, on my behalf.  |   |              |
| <b>Print full name of person(s) authorised to collect cremated remains here:</b>   |   |              |
| Of,  | <b>Insert address of authorised person(s) here:</b> |              |
| <b>Signature of applicant:</b>   |   | <b>Date:</b> |
| <b>Applicant photo identification attached:</b><br><input type="checkbox"/> Drivers Licence <input type="checkbox"/> Other _____   |   |              |
| An appointment is required to collect the cremated remains from RPCV's sales office. The authorised person(s) is required to provide photo identification when collecting the cremated remains. A copy will be kept by RPCV for record purposes. |   |              |