

St Luke's The Oaks, St Matthew's The Old Oaks

Postal Address: PO Box 6005, The Oaks. NSW 2570

Email: cemetery@toa.church

Application for Funeral / Memorial Service at St Matthew's

| Name o | of Applicant: | | | | | | |
|--|---|--|--|--|--|--|--|
| I make | application for a funeral service in respect to the deceased described below: | | | | | | |
| n | I am the legal personal representative of the deceased being the executor named in the Will of the deceased or a person entitled to apply for letter of administration in respect to the estate of the deceased. | | | | | | |
| T | The funeral director in respect to the deceased. | | | | | | |
| Applica | nt's Signature: | | | | | | |
| Postal A | Address: | | | | | | |
| Relatio | nship to Deceased: | | | | | | |
| Contac | t Number: | | | | | | |
| Email: | | | | | | | |
| Name o | of Deceased: | | | | | | |
| Sex: M | / F Date of Birth: Date of Death: Age: | | | | | | |
| | Date of Funeral: Time: | | | | | | |
| Return this form to - The Cemetery Administrator, St Luke's Anglican Church, at the postal address indicated at top of this application (Note: not processed until payment received). OR Scan and email to - cemetery@toa.church (Note: not processed until payment received). | | | | | | | |
| | ation fee \$990.00 (GST inclusive). Opplication includes use of building and porta-loo hire, it does not include a clergy fee. | | | | | | |
| Include Please 1 | nt by Direct Transfer to – Westpac Bank Narellan, BSB 032-710, A/c 350300. – applicant's name and St Matthew's Cemetery as the reference for the deposit. forward an email to cemetery@toa.church indicating payment has been made, a receipt will arded to you. | | | | | | |
| | Commencement Date: 1 April 2024 Version 1 | | | | | | |

| OFFICE USE ONLY: | | | | | | |
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| Application for Funeral / Memorial Service at St Matthew's, The Old Oaks. | | | | | | |
| Applicant Name: | | | | | | |
| Application received and all de | tails completed: | Yes / No | | | | |
| Application Fee Paid: | | Yes / No | | | | |
| Receipt No. | | | Date: _ | | | |
| Application Approved: Yes | | No | (further details re | equired) | | |
| Cemetery Administrator: | Name: | | | | | |
| | Signature: | | | | | |
| | Date:// | <u>'</u> | | | | |
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| | | | | | | |
| OFFICE USE ONLY: | | | | | | |
| Funeral details recorded in dea | ıth register: | Yes | | | | |
| Funeral application details filed | l: | | Yes | | | |
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