

FORM

WOLLONGONG MEMORIAL GARDENS & CEMETERIES RESERVATION REQUEST FORM



Privacy Notification (*Privacy and Personal Information Protection Act 1998 – Section 10*) - The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ('the Act'). The intended recipients of the personal information are officers within the Council and any person wishing to inspect the application in accordance with the Local Government Act 1993 or the Government Information (Public Access) Act 2009. The supply of the information by you is not voluntary and if you cannot provide or do not wish to provide the information sought, the Council will be unable to process your application. You may make application for access or amendment to information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the legislation. Council is to be regarded as the agency that holds the information. Enquiries concerning this matter can be addressed to Council by telephoning 4227 7111.

Wollongong Memorial Gardens & Cemeteries
 176 Berkeley Road, Unanderra, NSW 2526
Post Locked Bag 8821 Wollongong DC NSW 2500
Phone 02 4227 7780 **Fax** 02 4271 7535
Email memorialgardens@wollongong.nsw.gov.au
Web www.memorialgardens.wollongong.nsw.gov.au
Office Hours: 8:30 am to 4:30 pm Mon - Fri

CEMETERY OR MEMORIAL GARDENS

<input type="checkbox"/> Cemetery		<input type="checkbox"/> Memorial Gardens	
Portion	Row	Grave No.	
Section	Site	Site No.	
Property Key		Debtor Number	

NAME AND ADDRESS OF LICENSEE FOR THIS RESERVATION

Name	
Address	
Telephone Number	Date of Birth
Email Address	

Please Note: The above named licensee will be required to give signed authorisation for any decisions or future use regarding this site.

NAME AND ADDRESS OF PERSON WHOSE SITE IS RESERVED FOR (IF DIFFERENT FROM ABOVE)

Name	
Address	
	Date of Birth

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Community Information Talks	<input type="checkbox"/> Website	<input type="checkbox"/> Previous Association
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I/We are aware that there will be interment, plaque or installation charges at the time of need. I/We declare all information given by me/us on this form is correct. I/We have read the General Cemetery Conditions applicable to the site and agree to abide by those which apply now and at the time of placement. I/We have been informed of the rules and regulations concerning the erection of monuments and that there will be a plaque and installation fee at the time of burial.

Signature  _____ Date _____

Please make cheques payable to Wollongong City Council

OFFICE USE ONLY			
Receipt No.	Amount Paid \$	Date Paid	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CARD	<input type="checkbox"/> ACCOUNT