

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
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 <small>Click or tap here to enter text.</small>	Row <small>Click or tap here to enter text.</small>	Grave No. <small>Click or tap here to enter text.</small>	
Section <small>Click or tap here to enter text.</small>	Site <small>Click or tap here to enter text.</small>	Site No. <small>Click or tap here to enter text.</small>	
Property Key <small>Click or tap here to enter text.</small>		Debtor Number <small>Click or tap here to enter text.</small>	

NAME AND ADDRESS OF LICENSEE FOR THIS RESERVATION

Name <small>Click or tap here to enter text.</small>	
Address <small>Click or tap here to enter text.</small>	
Telephone Number <small>Click or tap here to enter text.</small>	Date of Birth <small>Click or tap to enter a date.</small>
Email Address <small>Click or tap here to enter text.</small>	

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 <small>Click or tap here to enter text.</small>	
Address <small>Click or tap here to enter text.</small>	
<small>Click or tap here to enter text.</small>	Date of Birth <small>Click or tap to enter a date.</small>

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 Click or tap to enter a 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