

FORM

WOLLONGONG MEMORIAL GARDENS & CEMETERIES CHAPEL BOOKING FORM



Privacy Notification (Privacy and Personal Information Protection Act 1998 – Section 10) - The information that Council is collecting from you via this application may be personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council. Any person may apply to inspect the application in accordance with the Government Information (Public Access) Act 2009. The supply of the information by you is voluntary and if you cannot, or do not wish to provide the information sought, 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 legislation. 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

FUNERAL DIRECTOR DETAILS			
Funeral Director (Company Name)			
Phone No.		Email Address:	
DECEASED DETAILS			
Name of Deceased			
Date of Birth	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
CHAPEL SERVICE			
Day of Service	Date of Service	Time of Service <input type="checkbox"/> am <input type="checkbox"/> pm	
Duration of Service <input type="checkbox"/> 60 min <input type="checkbox"/> 120 min	Chapel <input type="checkbox"/> Main Chapel <input type="checkbox"/> Family Chapel		
Live Streaming (Main Chapel Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Record Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Audio / Visual Presentation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Private service <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:		
CATERING			
Catering required <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of caterer (if applicable)		
Note: Please advise the name of Wollongong City Council approved caterer prior to date of Service. Also if catering is cancelled by family, then please advise our office as soon as possible.			
APPLICANT DETAILS			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			
Family Name		Given Name	
Current Address			
Relationship to the deceased			
Phone Number		Email	