

# Services Cemeteries Trust Inc.

ANZAC House  
Torrens Training Depot  
Victoria Drive  
ADELAIDE SA 5000



8100 7300: Phone  
8232 0377: Fax  
sct@rslsa.org.au: Email

## APPLICATION FOR THE PLACEMENT OF CREMATED REMAINS DERRICK GARDENS, GARDEN EDGE CENTENNIAL PARK

Application is hereby made for a GARDEN EDGE placement of the ashes of the late ex-member of Forces, particulars of whom are given herewith (NOTE subject to a lease period of 50 years). This period may be extended by making contact with the Cemetery. The cost will be the same even if no ashes are placed into the Garden Edge.

### **Note:**

The Military Discharge, Service Certificate, Release Book or any other evidence of service of the deceased MUST be produced for eligibility purposes unless otherwise advised. A copy is required with this application as proof of service.

This application must NOT be lodged if the death has been established by the Department of Veterans Affairs as being service related, nor should it be lodged if the case is pending. Accepted cases come under the consideration of the Office of Australian War Graves.

*All of the details in this section will appear "as-is" on the plaque, please ensure they are accurate.*

Name of Deceased in full .....

Service No ..... Rank ..... Unit .....

Decorations and Civil Honours: .....

Date of Death..... Age at Death .....

Religious Emblem (*please supply a copy of the emblem*) .....

**Please provide contact details for the person approving: all details provided above; changes; and payment.**

Licence Holders Name .....

Postal Address .....

..... Postcode.....

Mobile..... Phone .....

Email .....

I agree to pay the cost of the placement and the **niche plaque** to be supplied through and approved by the Services Cemeteries Trust. This payment is due on receipt of the invoice, and prior to the plaque being ordered.

**Signature of the Licence Holder** .....

**Date** .....

*The SCT will not add or alter any details on applications received for plaques. Application forms will be returned to sender if they are incomplete or require any changes to be made.*

150cm x 110cm - 6 x 4 inches (with hump)

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## Placement of remains at Centennial Park

Full name of deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date & Place of Cremation: \_\_\_\_\_

Ashes at Present held by: \_\_\_\_\_

### RSL Wall Placement:

Please circle your choice

- |           |  |   |   |
|-----------|--|---|---|
| OPTION 1: | I wish Centennial Park to place any surplus ashes in the unmarked garden | Y | N |
| OPTION 2: | I wish to take possession of the surplus ashes                           | Y | N |
| OPTION 3: | Placement of a plaque, no ashes  | Y | N |
| OPTION 4: | Do you wish to have a flower vase  | Y | N |

*Office use only:* Section..... Wall Number .....Niche .....

### Garden Edge Placement:

- |           |  |   |   |
|-----------|--|---|---|
| OPTION 1: | All ashes placed in container in ground in front of plaque | Y | N |
| OPTION 2: | No ashes to place in front of plaque                       | Y | N |

*Office use only:* Section..... Position .....

### Licence holder - max of 2 persons.

*This person will become the licence holder to the position for Centennial Park purposes.*

#### Licence holder 1:

Name in full: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

#### 2<sup>nd</sup> Contact: (If applicable)

Name in full: \_\_\_\_\_

Postal address: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_