

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 IN THE ENFIELD GENERAL CEMETERY

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*)

Date and Place of Cremation.....

Ashes at present held by

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.

Permit No:



SERVICES CEMETERIES TRUST Inc.

Full Name of Deceased:

Surname	Given Names
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Date of Death	Reg Number	Rank	Unit
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Memorial Position and Location: (office use only)

Position	Section	Wall	Niche
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Licensee of the Position (Full Name):

Surname	Given Names
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Address:

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Area Code & Telephone Number: **Mobile Number:**

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Email Address:

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Instructions on Remains:

Balance of Remains to be collected? Y / N

Flower Holder Required Y / N

Additional Instructions:-----

