

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 RSL WALLS CENTENNIAL PARK

Application is hereby made for a NICHE REPOSITORY placement of the remains of the late ex-member of Forces, particulars of whom are given herewith (NOTE subject to a lease period of 30 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 niche repository.

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.

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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: _____

2nd Contact: (If applicable)

Name in full: _____

Postal address: _____

Email address: _____

Date of birth: _____

Phone: _____

Signature: _____
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