

OUR LADY OF THE MISSION PARISH CRAIGIE



COLUMBARIUM JACOB'S WELL - APPLICATION

Section A: Details of Applicant

Title:	Given Name:	Family Name:
Current Address:		
Suburb/Town:	Postcode:	State:
Phone:	Mobile:	
Email :		
Relationship of applicant to Person who is to be interred:		
Relationship to Craigie Parish:		

Section B: Details of Person to be Interred:

Title:	Given Name:	Family Name:
Death Certificate Registration Number:		
Cremation Certificate Attached:	Yes	No (Please circle)
Leaf also purchased:	Yes	No (Please circle) Leaf Application Form No.
(Office Use Only)		
Date Interred:	____/____/____	Parish Priest's Signature: _____

Section C: Signature and Declaration

I, _____ hereby acknowledge that I have received a copy of the Columbarium General Conditions of Our Lady of the Mission Parish Craigie and that I have read, understood and accepted the terms therein.

Signature _____ Date: ____/____/____

Office Use Only: Payment Details: Cost \$60

Paid By: 1.Cash 2.EFTPOS or Credit Card (1.5% surcharge) 3.Direct Debit – BSB 086 006 A/C 66579 4722

Received By _____ Signature _____ Date ____/____/____

Receipt Number: _____ CM

Application Number: _____ CM

Signatures of Approval: _____ Committee Member

_____ Parish Priest