



MOUNTAIN VIEW CREMATORIA BOOKING CONFIRMATION FORM

Please email to info@mvc.net.au

Funeral Director Company _____ Ph: _____

Email: _____ Arranger Name: _____

Deceased Details:

Funeral ID (if known): _____

Given Names: _____ Family Name: _____

Gender: _____ Date Of Birth: ____/____/____ Date of Death: ____/____/202____ Age: _____

Address: _____

_____ State _____ Post Code _____

Marital Status: _____ Religion: _____

Booking Details:

Day _____ Date of Delivery: ____/____/____ Time of Delivery: _____

(Weekend and after hours services attract additional fees)

Applicant To Collect (Yes / No)

MVC to Transfer to Applicant / Cemetery / Crematorium / Other (Please Specify)

Service Type: Full (Yes / No) NSNA (Yes / No) Same Day Cremation Fee (Yes / No) MVC Reflection Room Booking (Yes / No)

Memorial Service With Ashes (Yes / No) Date Of Memorial Service: ____/____/202____

Witness of Insertion Including Same Day Cremation Fee (Yes / No)

Special Instructions: _____

Applicant Details:

Mr / Mrs / Ms / Miss _____ Given Name _____ Family Name _____

Address _____

_____ Post Code _____

Phone: _____ Mobile: _____ Email: _____

Relationship To The Deceased: _____

I, the applicant, hereby grant permission to cremate the remains of the deceased as identified on this form. Mountain View Crematoria advises we adhere to the NSW Government Public Health Regulations and / or directives provided by all Australian Government departments. For a full list of our Terms and Conditions, please visit mvc.net.au

Signature: _____ Date : ____/____/202____

LETTER OF AUTHORITY

I, _____ give permission for _____
(name of Applicant) (Name of Selected Contact Person)

of

(Contact Person Address)

(Email)

(Phone Number)

To decide on the disposition of the cremated remains, including deciding on choice of containment AND collection of the cremated remains from Mountain View Crematoria

I, the Funeral Applicant, understand and agree that my selected Contact Person will make these decisions on my behalf

(Applicant Signature)

I, the selected Contact Person, understand and agree to pay for any additional disbursement expenses, including my selection of containment and/or memorialisation or optional postage expenses will be at my cost and will abide by the then current Mountain View Crematoria Terms and Conditions.

(Contact Signature)