PARISH OF THE HOLY SPIRIT & ST FRANCIS

13 Fernhill Rd, Sandringham. VIC 3191 Tel 7036 9381
sandringham@cam.org.au – www.melbcatholic.org/sandringham
ABN: 65316924600

Sacred Heart
13 Fernhill Rd.
Sandringham

Immaculate Heart of Mary
441 Bluff Rd.
Hampton East

St Mary's
59 Holyrood St.
Hampton

Consent Form - Cremated Remains on

The Parish of The Holy Spirit & St Francis' Grounds

Please tick one

St Mary's Church ☐ **Sacred Heart Church** ☐ **Immaculate Heart of Mary** ☐

APPLICANT'S DETAILS

Given names _____ Family Name _____

Address _____

State _____ Post code _____

Contact details

Telephone / Mobile (____) _____ Email _____

Relationship to the Deceased

☐ Spouse ☐ Relative ☐ Friend ☐ Executor/Administrator

DETAILS OF THE DECEASED

Full Name _____

Date of Birth _____

Date of Death _____

Name of next of Kin (if different to the Applicant) _____

☐ Consent of Next of Kin below

Executor / Administrator (if different to the Applicant) _____

☐ Consent of Executor / Administrator

REQUEST FOR CONSENT

I/We hereby request the consent of The Parish of the Holy Spirit & St Francis for the scattering or interment of the cremated remains of the late _____ in the Parish's memorial garden at _____ (insert the name of church memorial garden).

ACKNOWLEDGEMENT:

I / We acknowledge and agree that:

1. The Parish makes no representation, warranty, assurance or guarantee as to the future use and ownership of the Parish property.
2. The disposal or interment of cremated remains on Parish property:
    a. Does not guarantee that the Parish property will always be used for the purposes of a parish, and/or
    b. Does not prevent the Parish from changing the use of the Parish property at any time in the future (including selling, leasing, developing or otherwise dealing with the property)

I / We indemnify and release the Parish from and against all claims in connection with the disposal of the Deceased's human remains on the Parishes' property

---------- ----------

(Applicants signature) (Date)

---------- ----------

(Applicants signature) (Date)

---------- ----------

(Applicants signature) (Date)

PARISH CONSENT

On behalf of The Parish of the Holy Spirit & St Francis, I grant consent for the scattering or interment of the cremated remains as requested above.

Parish Representative Name: Fr Martin Tanti

Position: Parish Priest

Signature: _____

Date: _____