Change of Details

Site Location:		

Part 1: Existing Details					
O Mr O Mrs O Miss O Ms	Given Name:	Surname:			
Address:					
Suburb:		State:	Postcode:		
Phone: (H)	(W)	((M)		
Email:					
Part 2: New Deta	ils				
What is your new Full Na	ime				
O Mr O Mrs O Miss O Ms	Given Name:	Surname:			
This is the name that appears o i.e. marriage certificate/change	n all official documents or legal papers of name certificate etc.	. Please attach copies of evidenc	e of name change.		
What is your new Address	ss? (Your mail will be sent to this addre	ess)			
Address:					
Suburb:		State:	Postcode:		
Phone: (H)	(W)		(M)		
Email:					

Proof of Identity

Holders must provide two (2) original identification documents, one (1) of which must include photo identification. This may include a passport, birth certificate/citizenship certificate, licence issued under Australian law (drivers licence or other government issued licence) credit card, EFTPOS card or Medicare card.

All documents must contain the Holder's name with one (1) also including a photo.

O ID Documents attached

Privacy Declaration

Information collected on this form is held in accordance with *Privacy and Personal Information Protection Act 1998*. Personal information is collected for a lawful purpose that directly relates to our primary function of providing cemetery/cremation services in accordance with the *Cemeteries and Crematoria Act 2013*. We will not collect any more information than is necessary to fulfill these functions. Except as necessary to carry out these functions, we will not disclose your personal information to anyone without your consent unless legally required to do so. We will take all reasonable steps to protect the security of any personal information held, be it stored in electronic or hard copy format. You may request access to your personal information held by us, except in the circumstances set out in Part 2, Division 3 of the *Privacy an Personal Protection Act 1998*.

Initials	
----------	--