Logo, company name

Description automatically generated

5 Victoria Street, Eaglehawk 3556

PO Box 268, Eaglehawk 3556

ABN: 65 631 351 280

**Phone: 1300 266 561**

Email: [sales@rpcv.com.au](mailto:sales@rpcv.com.au)

Office Hours:

8:30am – 4:30pm Monday to Friday

Logo, company name

Description automatically generated

**Authority to collect Cremated Remains**

**on behalf of Applicant**

|  |  |  |
| --- | --- | --- |
| **Print full name of deceased here:** | | |
| I, | **Print full name of applicant here:** | |
| Of, | **Insert address of applicant here:** | |
| authorise the person(s) listed below, to collect the Cremated Remains of the deceased, on my behalf. | | |
| **Full Name:** |  | |
| **Address:** |  | |
| **Signature of applicant:** | | **Date:** |
| **Applicant photo identification attached:**  Drivers Licence  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| An appointment is required to collect the cremated remains from RPCV’s sales office. The authorised person(s) is required to provide photo identification when collecting the cremated remains. A copy will be kept by RPCV for record purposes. | | |