

Change of Details



Catholic Cemeteries
& Crematoria
Care, Compassion, Choice

IMPORTANT: Please use BLOCK LETTERS when completing this form and ensure it is signed and dated. If you have any questions about this form please call a Customer Service Representative on (02) 9649 6423. The completed form is to be returned to:
Catholic Cemeteries & Crematoria, PO BOX 10, LIDCOMBE NSW 1825.

Privacy Policy

The Catholic Cemetery Board will honour the privacy and integrity of your personal information. We do not distribute your personal information to any third parties. Access to personal information stored in databases on our computer systems is strictly controlled and limited.

Part 1: Existing Details

Current Details of Registered Owner of Burial Licence

Mr Mrs Miss Ms Other:

Given Name/s:

Surname:

Address:

Suburb:

State:

Postcode:

Phone: (H)

(W)

(M)

Email:

Grave / Crypt / Vault Location Details:

Part 2: New Details

What is your new full name?

Mr Mrs Miss Ms Other:

Given Name/s:

Surname:

This is the name that appears on all official documents or legal papers. Please attach copies of evidence of name change i.e marriage certificate/change of name certificate etc.

What is your new address? (Your mail will be sent to this address)

Address:

Suburb:

State:

Postcode:

Phone: (H)

(W)

(M)

Email:

Signed:

Date:

Name of Signatory:

Phone: (02) 9649 6423 Fax: (02) 9643 2869

Mail: PO BOX 10, Lidcombe 1825 Address: Barnet Avenue, Rookwood, NSW

Email: enquiries@catholiccemeteries.com.au Website: www.catholiccemeteries.com.au