



APPLICATION FOR A NICHE IN THE MACKILLOP PARISH COLUMBARIUM.

Name:-

Address:-

Post Code:-

Contact Number/s:-

Contact Email:-

Date of Birth:-

Religion:-

Ex Service:- Yes / No

Service Branch:-

Applicant's Name (if different):-

Address:-

Post Code:-

Relationship:-

Contact Number/s:-

Contact Email:-

CONDITIONS

1. The emplacement of Ashes in the niches under the control of the Diocese of Maitland-Newcastle is subject to the provisions of the Cremations Act 1913 to 1936, and amendments and/or regulations made thereunder, and to the rules and regulations of the Diocese of Maitland-Newcastle for the time being in force.
2. No columbarium right for emplacement of Ashes will be reserved until the fee has been received. In exceptional circumstances, Ashes will be held free of charge by MacKillop Parish for emplacement in niches, but no responsibility can be accepted for them.
3. No monument or artifact will be permitted to be placed on the Columbarium wall or within the area of the Columbarium other than a flat bronze plaque of the design allowed.
4. No monument, memorial, nameplate, inscription, token plant, floral tribute, container or such like shall be erected or placed within the walls or area of the Columbarium without the written consent of the Diocese. The Diocese shall have the right to remove and dispose of any such unauthorized monument, etc. without reference to any person.
5. The Diocese reserves the right to realign, relocate or alter the position of niches, gardens or other memorials at its discretion, and cannot accept any responsibility for damage to or loss of the Ashes or memorial plaque by vandalism or other unforeseen occurrence.

NICHE APPLICATION

[Application needs to be made for EACH NICHE REQUIRED.]

I, _____
(Insert Name of Applicant.)

here by accept the above Conditions for the Reservation of a Niche
in the MacKillop Parish Columbarium.

I have read the Guidelines and Information Booklet relating to the MacKillop Parish
Columbarium and believe this Application meets the following Guideline

(Please tick appropriate option).

Member of MacKillop Parish		Spouse (not a Catholic) of a Parishioner	
Immediate family Member		Former long time MacKillop Parishioner.	

I wish a Reservation of a Niche in the MacKillop Parish Columbarium be made.

My MacKillop Parish Columbarium Payment Fee of \$_____ is enclosed.

Signed:- _____

Print Name:- _____ **Date:-** _____

OFFICE USE ONLY

I hereby Certify that

Niche Number _____ **in Wall** _____ **Row** _____

Has been reserved for _____
(Insert Name of Niche Holder.)

The Columbarium Payment Fee of \$_____ was made on _____.

(Receipt Number:- _____ Book Number:- _____)

+ Signed for and on behalf of the Diocese of Maitland-Newcastle

PARISH PRIEST/COLUMBARIUM MANAGER/ PARISH REPRESENTATIVE

DATE