



CEMETERIES AND CREMATORIA REGULATIONS 2003  
Part 4

**Facility Operator Details &  
Perpetual Care Trust Details**

Note: 1. Application must be lodged with the relevant Minister of the ACT Government department.  
2. Application is to be filled out by the operator or proposed operator of the facility.  
3. All questions must be answered fully.

*Please fill in form using block letters*

*Particulars of Operator or Proposed Operator*

Surname name.....Other names.....

Address.....Telephone.....

Name of Facility.....

Location of the facility.....  
.....

Does the facility have a cemetery or crematorium?.....

*Change of details of Operator*

Are you the new operator of the above mention facility?.....

Name of the previous operator?.....

*Details of Perpetual Care Trusts*

Where are the accounts kept?.....  
.....  
.....  
.....

Where are the records kept?.....  
.....  
.....  
.....

Signature of operator.....Date.....

Name.....

Signature of witness.....Date.....

Name of witness.....