|  |  |  |
| --- | --- | --- |
|  | OFFICE USE ONLY | |
| Approved by (name) |  |
| Date |  |
| CRM updated Y/N |  |
|  | |

**Update contact details**

It is important that you complete all the appropriate sections and provide the necessary documents of identification and evidence, as detailed in the form below.

Record updates are not effective until the variation form has been approved and processed by GMCT. Please allow 10 business days for this process to complete.

All fees and/or costs incurred by the ROI holder and/or their representative in relation to the gathering of documentation for this request shall be borne by that party and will not be transferred to GMCT.

|  |
| --- |
| Certified Photo Identification must be provided with every application (i.e., Passport or front and back of a driver’s license) for each person named. (Should neither of these forms of I.D. be available, you may present a signed statutory declaration of your identity and signature) |

|  |  |
| --- | --- |
| **Location details (if applicable)** | |
| Cemetery: |  |
| Area: |  |
| Row: |  |
| Grave Number: |  |

I/We request the Trustees of the Greater Metropolitan Cemeteries Trust (GMCT) update my/our contact details as detailed below. I/We agree that if the Trustees record the update, I/we will indemnify them against any actions that arise from such action.

**Current contact information 1:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | Given Names: | | | Surname: | |
| Street Address: | | | | | |
| Suburb/Town: | | State: | | | Postcode: |
| Telephone: (home) | | | (mobile) | | |
| Email address: | | | | | |



**New contact information (complete only the changed detail) 1:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | Given Names: | | | Surname: | | |
| Street Address: | | | | | | |
| Suburb/Town: | | State: | | | | Postcode: |
| Telephone: (home) | | | (mobile): | | | |
| Email address: | | | | | | |
| Signature: | | | | | Date:    /    / | |

**Current contact information 2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | Given Names: | | | Surname: | |
| Street Address: | | | | | |
| Suburb/Town: | | State: | | | Postcode: |
| Telephone: (home) | | | (mobile): | | |
| Email address: | | | | | |

**New contact information (complete only the changed detail) 2:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | Given Names: | | | Surname: | | |
| Street Address: | | | | | | |
| Suburb/Town: | | State: | | | | Postcode: |
| Telephone: (home): | | | (mobile): | | | |
| Email address: | | | | | | |
| Signature: | | | | | Date:    /    / | |

**Current contact information 3:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: | Given Names: | | | Surname: | |
| Street Address: | | | | | |
| Suburb/Town: | | State: | | | Postcode: |
| Telephone: (home) | | | (mobile): | | |
| Email address: | | | | | |

**New contact information (complete only the changed detail) 3:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title: | Given Names: | | | Surname: | | |
| Street Address: | | | | | | |
| Suburb/Town: | | State: | | | | Postcode: |
| Telephone: (home) | | | (mobile) | | | |
| Email address: | | | | | | |
| Signature: | | | | | Date:    /    / | |