



MOUNTAIN VIEW CREMATORIA BOOKING CONFIRMATION FORM

Neo-Natal Category 1 (Babies less than 20-week gestation) – No funeral provider

Please email to info@mvc.net.au

NOTIFYING PERSON _____ TITLE _____

PH: _____ EMAIL: _____

DECEASED DETAILS:

NAME _____ DATE OF BIRTH: ____/____/____

GESTATION AGE: _____ GENDER: M [] F [] N/A []

BOOKING DETAILS: (Please read *Disclaimer below)

DO YOU AUTHORISE MOUNTAIN VIEW CREMATORIA TO COLLECT THE DECEASED: Y [] N []

HOSPITAL COLLECTION DAY/ DATE: _____ TIME: _____

(Please note: Collection of the deceased outside of a 50km radius of Unanderra by MVC transfer staff, will incur a \$250.00 collection & administration fee)

HOSPITAL TRANSFER TO MVC DAY/DATE: _____ TIME: _____

HOSPITAL LOCATION: _____

FAMILY TO COLLECT CREMAINS FROM MVC: Y [] N []

OTHER REQUEST DETAILS: _____

APPLICANT DETAILS:

MR/MRS/MS _____ FAMILY NAME _____ GIVEN NAME _____

ADDRESS _____

EMAIL: _____ PHONE: _____

MOBILE: _____ RELATIONSHIP TO DEC: _____

I REQUEST THE CREMATION OF THE LATE: _____

SIGNATURE: _____ **DATE:** ____/____/____

**Disclaimer: Mountain View Crematoria cannot guarantee that the Neo-Natal Category 1 Cremations will result in a portion of cremains being returned to the applicant. We endeavour to deliver such to each family we support, however there are factors outside of our control which may inhibit such a result. All cremations are carried out in accordance with the NSW State Health Authority Guidelines.*