



APPLICATION FOR MONUMENTAL WORK

Please indicate your intention (Place tick in Tele	want boxy
Install a new memorial:	
Add further inscription:	
Renovate or add further monumental work:	
Deceased Persons Details	
Family Name	
Given Name	
Burial Details	
Cemetery	Grave No.
	Burial No.
Applicant Details	
Name	
Address	
Telephone	Email Address
I hereby certify that I am authorised as	
The person in whose name the grant of rig	ht of hurial was issued
The person representative of the holder of	
The person acting expressly on behalf of the	_
— · · · · · · · · · · · · · · · · · · ·	ection of the Memorial detailed herein and I accept ditions stipulated in the Cemeteries Act, the grant of
right of burial and the Local Laws and Regulation	•
Signature:	Date: ty attributed to any incorrect statements or information
note: The shire is indennified against any habilit contained in this form.	y attributed to any incorrect statements or injormation
Details of Mason: This section to be completed are to comply with AS 4204-1994.	d by the Monumental Mason. Plans and specification
Company Name	
Address	
Signature of Mason	Date

This application for a proposed memorial must include:

- > Detailed plans and specifications drawn to scale and fully dimensioned. The scale is to be specified, and descriptions are to be provided in block letters in English.
- > Details and dimensions of proposed foundations.

- > Details of all materials to be used and surface finishes.
- > Details and dimensions of ornaments and attachments to the memorial.
- ➤ Details and dimensions of dowel holes and dowels, including materials to be used and fixatives.
- A copy of the inscription including materials/s to be used. A translation in English in block letters must also be included if the inscription is to be in a language other than English.

Overall Monument Dimensions (mm)

Length: Height: Width:	
and removed from the cemetery where: The stated dimensions on the app	ht to direct that the memorial be modified or dismantled olication of the memorial constructed are contrary to the ards set by the Shire, and any conditions or directions given ide the location of the grave.
INSCIPTION:	
	OFFICE USE ONLY
	OFFICE USE UNLY
Grave No confirmed: Yes No Date letter granting permission sent:)
Final Inspection s Monument in accordance with original a f no state why:	——————————————————————————————————————
Does Monument comply with all Shire reg	
Date of Inspection:	Signed by: