

Cemetery Application for Memorial Works / Installation Permit

All cemetery applications to be received with a minimum 1 weeks' notice (5 business days)

Note: design / dimensions must be submitted and approved, prior to work commencement.

Details of Applicant:					
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Business <input type="checkbox"/>	Other <input type="checkbox"/>	ABN (if applicable)
Surname:			Given Name/s:		
Address:					
Email:			Phone:		
Responsible person for council fees payable?		Applicant <input type="checkbox"/>		Contractor / Stonemason <input type="checkbox"/>	
Who will be conducting the work?		Applicant <input type="checkbox"/>		Contractor / Stonemason <input type="checkbox"/>	

Plot and Burial Right Details						
Name of Cemetery:	Section:	Row:	Plot:			
Name of Burial Rights Holder:		Deceased Yes <input type="checkbox"/> No <input type="checkbox"/>				
Applicants relationship to burial rights holder?						
Address:						
Email:		Phone:				
Current Interment/s						
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	If other, please specify:
Surname:		Given Name/s:				
Date of Birth:	Date of Death:	Date of Burial:				
Additional Persons Interred (if applicable)						

Details of Work (Please tick applicable box or boxes)		
Lawn Cemetery	Headstone Cemetery	Columbarium
Single Plaque Install <input type="checkbox"/>	Single Plaque Install <input type="checkbox"/>	Single Niche Plaque Install <input type="checkbox"/>
Double Plaque Install <input type="checkbox"/>	Double Plaque Install <input type="checkbox"/>	Double Niche Plaque Install <input type="checkbox"/>
Single Desk <input type="checkbox"/>	Headstone Install <input type="checkbox"/>	
Double Desk Installation <input type="checkbox"/>	Grave Cover Install <input type="checkbox"/>	
	Memorial Beam Install <input type="checkbox"/>	
Plaque Repairs/Additions <input type="checkbox"/>	Memorial Wall Plaque <input type="checkbox"/>	Grave Cleaning <input type="checkbox"/>
Monument Repairs <input type="checkbox"/>	War Memorial <input type="checkbox"/>	Other <input type="checkbox"/>

New Installation Dimensions	
Length:	(Example if applicable)
Width:	
Height:	
Commence date:	
Completion date:	

Applicant Declaration	
I, undersigned applicant declares:	
<ul style="list-style-type: none"> a) The information provided is true, correct and complete; b) I have the legal right to authorise the application or where applicable, I have been given the authority to act on behalf of the person with aforementioned right; c) I understand council's fees require payment before commencement of works; d) I understand and agree to the Councils Cemetery Management Guidelines for Memorial Works; e) I understand and accept non-standard conditions may be applied to the application in the approval advice; f) I agree and understand that in aged Cemeteries, slight inaccuracies might be found in the spacing and alignment of gravesites. I will work within these anomalies, within the defined area, ensuring to square up the site to match it with the other existing graves. Under no circumstances are the surrounding graves to be interfered with. Council may require approving the formwork before pouring of concrete and on completion of works. 	
Name:	Date:
Signature	