

CUSTOMER SERVICES

Application for Memorial Headstone or Plaque Permit

Applicant's details

The applicant MUST be the burial rights holder, or the authorised legal representative of the burial rights holder.

Surname: _____ First names: _____

Address: _____

Phone: _____ Mobile: _____

Relationship to deceased: _____ Email: _____

Proof of burial rights/authority attached: Yes No

Burial Ashes Memorial plaque only

Monumental mason

Name: _____ Contact person: _____

Phone: _____ Email: _____

Deceased's details

Full name: _____ Date of death: _____

Date of interment: _____ OR Intended date of interment: _____

Plot details

Cemetery: _____ Record No: _____

Area/Section: _____ Block: _____ Row: _____ Plot: _____

Double headstone centred over Plot: _____ and Plot: _____

Plot: _____ for Name: _____

Plot: _____ for Name: _____

Monument details

Level base height: _____ mm Width: _____ mm Depth: _____ mm

Step 1: _____ mm Width: _____ mm Depth: _____ mm

Step 2: _____ mm Width: _____ mm Depth: _____ mm

Stone Height: _____ mm Width: _____ mm Depth: _____ mm

Continued over page

Materials used: _____

Is this a: New headstone Re-inscription Re-model Refurbishment Clean and reback
 Removal of headstone

I confirm the plot will be measured prior to installation to ensure this memorial fits within the dimension of the plot.

Proposed date of installation: _____

Digital image of monument and inscription details *(this may be on a separate page)*

Double headstone Inscription: Left Right

Please show dimensions of the level base, each step and the headstone.

Additional information

I, the undersigned, state this memorial does not contain any inappropriate wording that, in the opinion of the Council, may cause offence, and confirm there is no inscription or image on the reverse of the monument.

Print name: _____ Signed: _____ Date: _____

By entering your name in the box above you are giving your authority for this application to proceed.

All monumental work carried out will be inspected by the Council cemetery staff for final approval.

Fee: Will be invoiced to monumental mason.

Office use only

Permit number: _____ Approved by: _____ Date: _____

Proof of burial rights satisfied: Yes No

Installation inspected by: _____ Pass Fail Date: _____

Comments: _____

Digital photo supplied/taken: Yes No

Entered in Cemetery Management: Yes Date: _____

Interment application is held/has been applied for: