

**WORKS MUST NOT COMMENCE UNTIL AN APPROVAL IS ISSUED.  
THE APPROVAL IS SUBJECT TO CONDITIONS**

SECTION 1 – APPLICANT	
Company Name	
Contact Person	
Postal Address	
Contact number	
Is the work being undertaken by a monumental mason? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is the grave over 6 months old? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(We request that Monumental works not be carried out on a grave less than 6 months old. This reduces the incidence of structural cracking and breaking of monumental works as a result of subsidence.)</i>	

SECTION 2 – TYPE OF WORK						
<i>(All monumental works shall be done by an appropriately trained monumental mason. Consideration will be given to applications made by non-masons if the work is minor)</i>						
New monumental works	<input type="checkbox"/>			Restoration works	<input type="checkbox"/>	
Construction Details						
Material Type:	Headstone		Base		Kerb	
Dimensions:		X X mm		X X mm		X X mm
Inscription:						
Sketch of proposed works <i>(Attach any additional pages if further space is required)</i>						

	Single	Double	Multi
Headstone including 1 <sup>st</sup> inscription			
Kerbing			
Slab			
Tiles, Marble chips, etc.			
Renovation <i>(Renovation is clean or repair only, replacement is new work)</i>			
Additional inscription			
Other (describe)			

SECTION 3 – Deceased and Location Details			
Full Name of Deceased:			Title:
Date of Birth:	Date of Death:		Age:
Cemetery:	Section:	Row:	Allotment:
Type (Monumental, Lawn Beam, Baby Section)			

**SECTION 4 – Grantee Permission**

(a) The sole and exclusive grantee/s of right of burial (Please complete section 1.)  
 (b) The heir or having a right of interest in the estate of the grantee (Please complete section 2.)  
 (c) An Agent acting on behalf of the grantee (Please complete section 2.)

1. Grantee/Owner Name:	Signature:
Address:	Contact number:
Right of Burial details (Please provide evidence of ownership of right)	

*In the event of the Grantee being deceased, heirship or right of interest must first be established before application will be accepted. A Statutory Declaration may be requested at the discretion of the Cemetery Manager, or In the event of an agent signing this application, the agent agrees to inform the grave grantee of the provisions of this agreement and the rules and regulations of the Cemetery governing memorial work.*

2. Heir/Agent:	Signature:
Relationship to Owner : (for example, wife or husband, son or daughter, agent. If an agent of Right of Burial owner, please furnish authorisation in writing)	

Name in full:
Address:
Contact number:

**EXECUTOR DELCARATION: Please complete this section or attach an explanation in writing as to why the Executor is unavailable.**

I, ..... Of .....being the Executor of the Will  
 of the late ..... Declare that to the best of my knowledge this application for approval to erect a memorial, as described, is not contrary to the wishes of the deceased.  
 Signature: ..... Date: .....

**SECTION 5 – Proposed time of work**

Proposed Date:	Proposed time:
----------------	----------------

**Note: No works are to be carried out in Council managed Cemetery without approval.**  
 Approval of this application is given with the condition that the memorial is subject to inspection by the Cemetery Administrator after erection and should this memorial in the judgement of the Cemetery Administration not comply in full with the quoted specifications, the memorial must be rectified to so comply or be removed from the grave by the mason at the request of the Cemetery Administrator within three days of such request.

<b>QC 276</b> Single memorial	<b>QC 275</b> Double memorial	<b>QC 285</b> Restoration	Date:	Receipt:	Amount:	Cashier:
----------------------------------	----------------------------------	------------------------------	-------	----------	---------	----------

Cemetery use only							
Date of Proposed works		Right of Burial		Fees		Notification	
Certificate of Currency – expiry date		Plot		Authority memo		Trim	