



APPLICATION FOR A HEADSTONE OR MEMORIAL

(Subject to the RULES & REGULATIONS of the Cemetery Authority)

MONUMENTAL MASON:

I/We.....
(Business Name, Address & Telephone Number)

apply for permission for to do the following work: (Delete whichever is not applicable)

- New monument & inscription (drawing of monument & dimensions required)
- Additional inscription
- Other work (please describe).....

FULL NAME OF DECEASED:.....

DIED:..... **GRAVE LOCATION:** Section..... Row..... No.....

All works to be carried out in accordance with the provisions of Australian Standards AS 4204-1994, the plans and specifications attached and comply with the rules, regulations and directions of the relevant Cemetery Authority.

SIGNED:.....
(Monumental Mason)

DATE:.....

GRANT HOLDER OR AUTHORISED REPRESENTATIVE:

I,.....
(Please PRINT full name)

of.....
(Address & Telephone Number)

Warrant that I: (delete those which are not applicable)

- am the person in whose name the LICENCE/GRANT is issued.
- have the written authority of the person in whose name the LICENCE/GRANT was issued.
- am the legal representative of the LICENCE/GRANT HOLDER

I warrant that all the information given is correct and consent to work described in this application being carried out. As owner, I acknowledge that I have a responsibility to maintain the monument in thorough order and condition during the term of the GRANT and if I do not, the Cemetery Authority has the right to remove it and recover the cost of doing so from me as a debt payable on demand.

I acknowledge responsibility to remove the monument on expiry of the LICENCE/GRANT subject to any right of renewal.

I do agree to indemnify and hold harmless the Cemetery Authority against any claims, actions, liability, loss or damage or expense arising to or against the Cemetery Authority in respect to the monument, the condition or repair of or damage to the monument, or the removal of the monument occurring at any time after the installation of the monument.

I understand that if the headstone or memorial is not removed within two years of the LICENCE/GRANT for the site expiring, the cemetery authority has the legal right to remove the headstone or memorial and dispose of it as they see fit (Cemetery Regulations 2010). **I also acknowledge that it is my responsibility to advise the cemetery of any change of my address.**

BEFORE ME:.....
(Signature of Witness) (Signature of Grant Holder or Legal Representative)

.....
(Print Name of Witness)

NB: COUNCIL MUST BE NOTIFIED TWO DAYS PRIOR TO WORK COMMENCING

OFFICE USE ONLY:

GRAVE LOCATION: Section..... Row/Path..... Number.....

Burial No.....Expiry Date.....Lease No..... Authorised By..... Date.....