**APPLICATION FOR MONUMENT ERECTION / REPAIR**

**Please Note:**  It is recommended that 12 months be given before headstones are installed to allow time for ground to settle.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Stonemason / Applicant Details** | | | | | | | |
| **Name:** |  | | | | | | |
| **Postal Address:** |  | | | | | | |
| **Phone (H):** |  | | **Phone (W):** | |  | | |
| **Mobile:** |  | | **Fax:** | |  | | |
| **Email:** |  | | | | | | |
| I agree that such works are to be carried out in accordance with the provisions of the Australian Standard AS 4204-1994 as a minimum and the Occupational Health and Safety Act 004. I understand I may be asked for proof of current licenses, third party and indemnity insurance.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Print Name Date | | | | | | | |
| **Client Details** | | | | | | | |
| **Name:** |  | | | | | | |
| **Postal Address:** |  | | | | | | |
| **Right of Burial Holder:** | **Yes  No *(client MUST be the burial right holder unless otherwise authorised)*** | | | | | | |
| **Phone (H):** |  | | **Phone (W):** | |  | | |
| **Mobile:** |  | | **Email:** | |  | | |
| **Relationship to Deceased:** |  | | | | | | |
| **Signature:** | **Date:** | | | | | | |
| **Gravesite Details** | | | | | | | |
| **Full Name of Deceased:** |  | | | | | | |
| **Cemetery:** |  | | | **Section:** | |  | |
| **Grave No:** |  | | | **Grave Size:** | |  | |
| **Plot:** | **Single  Double  Triple** | | | | | | |
| **Office Use Only** | | | | | | | |
| **Application Fee Amount:** |  | **Receipt / Invoice Number:** | | | | |  |
| **Cemetery data updated by:** | **Date:** | | | | | | |
| **Signature of Burials Officer:** | **Date:** | | | | | | |