**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.

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| **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:**       |