**APPLICATION PLACEMENT OF MEMORIAL PLAQUE**

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| **Deceased Details** | | | |
| **Full Name of Deceased:** |  | | |
| **Sex:** | **Male  Female** | **Place of Birth:** |  |
| **Date of Birth:** |  | **Age:** |  |
| **Date of Death:** |  | **Date of Plaque Placement:** |  |
| **Grave Number Plaque to be placed on:** |  | **Religion:** |  |
| **Where buried:** |  | | |
| **Last Residence:** |  | | |
| **Occupation:** |  | | |
| **Where Died:** |  | | |
| **Medical Attendant:** |  | | |
| **Name of Mother:** |  | | |
| **Name of Father:** |  | | |
| **Plaque Details and inscription:** |  | | |

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| **Applicant Details** | | | |
| **Name of Person Making Arrangements:** |  | | |
| **Phone (W):** |  | **Phone (H):** |  |
| **Mobile:** |  | **Fax:** |  |
| **Email:** |  | | |
| **Preferred Contact Method:** | **Phone  Mail  Email** | | |
| **Expense to be paid by:** |  | | |
| **Send account to:** | **Name:**  **Address:**  **Town:**        **State:**       **PC:** | | |
| **Right of Burial:** | **Yes  No** | | |
| **Signature of Applicant:** | **Date:** | | |
| **Other Notes:** |  | | |
| **Privacy Collection Notice:** | *Flinders Shire Council is collecting your name, residential address and telephone number in accordance with the Local Government Act 2009 in order to process your application. The information will only be accessed by employees and/or Councillors of Flinders Shire Council for Council business related activities only. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.* | | |

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| **Office Use Only** | |
| **Application received by:** | **Date:** |
| **Invoice sent:** | **Yes  No Amount to be invoiced $** |
| **Cemetery data updated by:** |  |
| **Signature:** | **Date:** |
| **Plaque ordered by:** | **Date:** |
| **Plaque installed by:** | **Date:** |
| **Signature of Burials Officer:** | **Date:** |