Shire of Dardanup

Application for Monumental Work

Cemeteries Act 1986, Cemeteries Local Law 2022

PLEASE COMPLETE THIS FORM AND RETURN TO THE SHIRE OF DARDANUP PRIOR TO UNDERTAKING ANY WORKS WITHIN THE CEMETERY

DECEASED DETAILS						
Full Name:						
Date of Death:						
Grave Details:	Cemetery:		Row:		Number:	

THIS SECTION TO BE COMPLETED BY MONUMENTAL MASON			
Grant Number:			
Name of Applicant:			
Address:			
Phone:		**Email:**	
I hereby certify that I am authorised as/by the holder of the Grant of Right of Burial for the abovementioned grave to approve erection of the Memorial detailed herein, and I accept that the approval issued will be subject to conditions stipulated in the Cemeteries Act, the Grant of Right of Burial and any other relevant statutes, Local Laws or Regulations now and hereafter in force.			
Signature:		**Date:**	

DETAILS OF MONUMENTAL MASON			
Name of Company/Individual:			
Address:			
Phone:		**Email:**	
Signature:		**Date:**	
Please tick appropriate box below:			
Install New Memorial ☐	**Renovate Memorial** ☐	**Add Further Inscription** ☐	
Date work will be carried out:		**Approx. Time:**	

NOTE: PLAN & SPECIFICATIONS

Please attach details of proposed work. All plans and specifications of memorials must be carefully drawn and **fully** dimensioned and all materials specified. All description to be in block letters, all ornaments etc, to be shown and dimensioned. Size of dowels and dowel holes to be specified.