

Dardanup Cemetery Application for Monumental Work

Cemeteries Act 1986

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

PERSONAL DETAILS			
Name of Deceased:			
Date of Death:			
Grave Details:	Row:		Number:

(THIS SECTION TO BE COMPLETED BY MONUMENTAL MASON)			
Grant Number:			
Name of Applicant:			
Address:			
Phone:		Email:	
<p>I hereby certify that I am authorized 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.</p>			
Signature:		Date:	

DETAILS OF MONUMENTAL MASON			
Name of Company/Individual:			
Address:			
Phone:		Email:	
Signature:		Date:	
<i>Please tick appropriate box:</i>			
Install New Memorial <input type="checkbox"/>	Renovate Memorial <input type="checkbox"/>	Add Further Inscription <input type="checkbox"/>	
Date work will be carried out:		Approx. Time:	

Plan & Specifications

All plans and specifications of memorials submitted 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.

Funeral Director:	
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FUNERAL DETAILS			
Day of Burial		Hour	
Name of Celebrant			
Details of Grant			
Pre Need Certificate			
Previously Reserved Grave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Details <input type="text"/>

GRAVE DETAILS			
Religious Ground			
Coffin size			
Grave:	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Re-Open <input type="checkbox"/>
If Re-open - Name of previous Interment			

Declaration:	<p>I hereby certify that I am the applicant for this interment and have the authority for the use of the grave:</p> <ul style="list-style-type: none"> ■ I am the person whose name the Grant was issued. ■ I am the personal representative of the Grant Holder. ■ I am the person acting expressly on behalf of the Holder's representative. ■ None of the above persons is immediately available or ascertainable and I hereby authorise use of the grave. 	
Applicant:	Signature	
	Name	
	Address	

OFFICE USE ONLY			
Burial Order No:		Register of Burials:	
Orders Received:		Number of Grant:	
Receipt No:		Received Amount:	
Date:		Signature:	