Monumental Work Application

Cemeteries Act 1986

APPLICANT DETAILS

Full Name: _____ Grant No: _____
(include Title, initials and surname of the person)

Main Address: _____
(Residential / Premises Address including Suburb and Postcode)

Postal Address: _____
(if different from above)

Phone (H): _____ (M): _____ (W): _____

Email: _____

LOCATION

☐ Section: _____ ☐ Row: _____ ☐ Wall: _____ ☐ Niche No: _____

☐ Grave: _____ ☐ Location: _____ ☐ Plot No: _____

Name of Deceased: _____

Work Planned (please tick):

☐ Install new memorial

☐ Add further inscription

☐ Renovate or add further

Note: 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.

MASON DETAILS

Business Name: _____ ABN: _____

Mason's Name: _____ ☐ Quote attached

Postal Address: _____

Contact Phone: _____ Email: _____

Quoted Cost: _____ Quote date: _____

Certification

I hereby certify that I am the authorised as/by the holder of the Grant of Right of Burial for the above-mentioned grave to approve erection of the Memorial detailed herein and I accept that the approval will be subject to conditions stipulated in the cemeteries Act, the Grant of Right of Burial and the Local law and Regulations now or hereafter in force.

Note: *The Shire of Toodyay is indemnified against any liability attributed to any incorrect statements or information contained in this form.*

Mason's Signature: _____ Date: _____

OFFICE USE ONLY

Officer's Name: _____ RMS Ref No: _____

Officer's Signature: _____ Date: _____

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