

Application For a Headstone or Memorial

Subject to the rules and regulations of the _____ Cemetery

Monumental Mason

I/We _____
(Business Name, Address and Telephone No.)

Apply for permission to do the following work: (Please select one on the following)

- New monument and inscription (drawing of monument and dimensions required)
- Additional inscription (If not in English, please provide a translation.)
- Other work (Description please)

Full name of deceased

Date Deceased	Grave Location: Section	Row/Path	No.
---------------	-------------------------	----------	-----

All works must be carried out in accordance with the provisions of Australian Standard AS4204-1994, the plans and specifications attached and comply with the rules, regulations and directions of the relevant Cemetery Authority.

Signed	Date:	Fee: \$
--------	-------	---------

(Monumental Mason)

Grant holder or legal representative

I	(Full Name)
of	(Address)

Warrant that I: (Please select one on the following)

- Am the person in whose name the **Licence/Grant** is issued.
- Have written authority of the person in whose name the **Licence/Grant** was issued.
- Am the legal representative of the **Licence/Grant Holder**.

I warrant that all the information given is correct and consent to the work described in this application being carried out. As owner, I acknowledge that I have a responsibility to maintain the monument in thorough order and condition during the term of the **Grant** and, if I do not, the Cemetery Authority has the right to remove it and recover the cost of doing so from me as a debt payable on demand.

I acknowledge responsibility to remove the monument on expiry of the **Licence/Grant** subject to any right of renewal.

I do agree to indemnify and hold harmless the Cemetery Authority against any claims, actions, liability, loss or damage or expense arising to or against the Cemetery Authority in respect to the monument, the condition or repair of or damage to the monument, or the removal of the monument occurring at any time after the installation of the monument.

I understand that if the headstone or memorial is not removed within two years of the **Licence/Grant** for the site expiring, the cemetery authority has the legal right to remove the headstone or memorial and dispose of it as they see fit (Cemetery Regulations 2010). **I also acknowledge that it is my responsibility to advise the cemetery authority of any change of my address.**

Before Me	
(Signature of witness)	(Signature of Grant Holder or Legal representative)
Witness	
(Please print name of witness)	

Office Use Only:	Grave Location: Section	Row/Path	No.
Grant No.	Expiry Date:	Permit No:	Authorised By:
			Date: