



Tel 08 8828 1200
 Fax 08 8821 2736
 PO Box 396, Kadina 5554
 51 Taylor St, Kadina 5554
 Email info@coppercoast.sa.gov.au
 Web www.coppercoast.sa.gov.au
 ABN 36 670 364 373

APPLICATION FOR A HEADSTONE OR MEMORIAL

RECORD NO:
 FILE NO : 16.16.11

MONUMENTAL MASON / FUNERAL DIRECTOR

We: _____
 (Business Name, Address, Telephone & Email)

Apply for permission to do the following work: (Delete whichever is not applicable)

- New monument and inscription (drawing of monument and dimensions required – wording of inscription)
- Additional inscription (wording of inscription – if not in English, please provide translation)
- Other work (description)

FULL NAME OF DECEASED: _____

DATE DECEASED: _____

GRAVE LOCATION: _____

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 DCCC AND ITS AUTHORISED OFFICERS. PLEASE NOTIFY COUNCIL PRIOR TO ENTERING THE CEMETERY TO CARRY OUT THE DESCRIBED WORK.

SIGNED: (MONUMENTAL MASON) DATE:

GRANT HOLDER OR LEGAL REPRESENTATIVE

I: _____
 (Please PRINT full name)

Of: _____
 (Address)

Warrant that I : (Delete those which are not applicable)

- Am the person in whose name the Grant/Authority is issued
- Have written authority of the person in whose name the Grant/Authority was issued
- Am the legal representative of the Grant/Authority holder

I warrant that all the information given is correct and consent to the work described in this application being carried out.

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 CCC has the right to remove it and recover the cost of doing so from me as a debt payable on demand.

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

I also acknowledge that it is my responsibility to advise the Copper Coast Council of any change of my address or contact details

BEFORE ME:
 (Signature of Witness) (Signature of Grant Holder or Legal Representative)

.....
 (Please print Name of Witness)

OFFICE USE ONLY

AUTHORISED BY: _____ DATE: _____ RIGHT/AUTHORITY: _____

CEMETERIES REGISTER ENTRY NO _____

lifestyle location of choice