

# HEADSTONE OR MEMORIAL

RECORD NO : .....  
FILE NO : 16.16.11

## APPLICATION FORM

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 Copper Coast Council and its Authorised Officers.

MONUMENTAL MASON / FUNERAL DIRECTOR			
BUSINESS NAME			
ADDRESS			
BUSINESS PHONE		CONTACT NAME	
EMAIL			
ARRANGER SIGNATURE		DATE	

PROPOSED WORKS			
<input type="checkbox"/> NEW MONUMENT AND INSCRIPTION <input type="checkbox"/> ADDITIONAL INSCRIPTION TO EXISTING <input type="checkbox"/> OTHER WORK - _____ <input type="checkbox"/> APPLICATION FOR HERITAGE ASSESSMENT – GRAVES OVER 100 YEARS OLD IN KADINA & MOONTA CEMETERY (Please complete "Special Memorial Authority")			
MATERIAL			
COLOURS			
DIMENSIONS			
DATE OF WORKS		TIME OF WORKS	
ATTACHED	<input type="checkbox"/> INSCRIPTION DETAILS <input type="checkbox"/> MONUMENT DRAWING DETAILING DIMENSIONS  <p><b><i>*Please note: Council require a photograph of completed memorial once erected on the grave*</i></b></p>		

DECEASED DETAILS			
NAME			
DATE OF BIRTH		DATE OF DEATH	
CEMETERY		SECTION / BLOCK	

GRANT HOLDER OR LEGAL REPRESENTATIVE DECLARATION			
NAME		RELATION TO DECEASED	
ADDRESS			
MOBILE PHONE			
EMAIL			
<p><input type="checkbox"/> Am the person in whose name the Grant/Authority is issued</p> <p><input type="checkbox"/> Have written authority of the person in whose name the Grant/Authority was issued</p> <p><input type="checkbox"/> Am the legal representative of the Grant/Authority holder</p> <p><input type="checkbox"/> I warrant that all the information given is correct and consent to the work described in this application being carried out.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I also acknowledge that it is my responsibility to advise the Copper Coast Council of any change to my address or contact details.</p>			
SIGNATURE		DATE	

OFFICE USE ONLY - APPROVAL			
REGISTER NUMBER		RIGHT / LEASE NUMBER	
AUTHORISED OFFICER		DATE	
LOCATION MAP			