

MEMORIAL APPLICATION FORM

CEMETERY	GR	GRAVE NUMBER		SECTION	
FULL NAME OF GRAV	/E OWNER:				
ADDRESS:					
and restrictions in force	r of the EXCLUSIVE RIGHT of BLe, give permission for the memoriant any claims or demands that matertaken.	al works described	below to be carried	out. I hereby indemnify	
	maintenance and safety of the maintenance and if identified they wi		sponsibility. I confir	m that no unauthorised	
Signed:	Grave owners' signature		_ Date:		
MEMORIAL COMPAN	Υ				
ADDRESS					
NEW MEMORIAL [ADDITIONAL INSC	RIPTION	RE-INSTA	LLATION	
Practice which complies a	I works shall be carried out in accorda and conforms to the above standards. I to the grave owner. I accept that I a adards.	This includes any	Council Policies of which	ch a Certificate of	
Signature on behalf of company					
<u>Inscription</u>		(Please add	Sketch (Please add additional dimensions for kerb-sets)		
		· ·	additional difficus	ions for kero-sets)	
		_			
HEADSTONE:	Width:	Thickness:	Heig	ht:	
HEADSTONE BASE:	Width:	Thickness:	Dept	h:	
FOUNDATION:	Width:	Thickness:	Dept	h:	
BEARER SLAB	Width:	Thickness:	Dept	h:	
Issuing Officer:	Date Issued	l:	_ Min. Installation D	Date:	