Shire of Cunderdin
PO Box 100 Cunderdin WA 6407
Ph: 9635 2700 Fax: 9635 1464

Form 12

CEMETERIES ACT 1986

APPLICATION FOR MONUMENTAL WORK

(cl 5.30)

Application No. .....
Grant No. .....

Name of Deceased.....
Area ..... Section ..... Grave No. .....
Name of Applicant .....
Address of Applicant
.....

I HEREBY CERTIFY THAT I AM AUTHORISED AS/BY THE HOLDER OF THE GRANT OF RIGHT OF BURIAL FOR THE ABOVEMENTIONED GRAVE TO APPROVE ERECTION OF THE MEMORIAL DETAILED HEREIN AND I ACCEPT THAT THE APPROVAL ISSUED 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.

Signature ..... Date .....

NOTE: THE ***Shire of Cunderdin*** IS INDEMNIFIED AGAINST ANY LIABILITY ATTRIBUTED TO ANY INCORRECT STATEMENTS OR INFORMATION CONTAINED IN THIS FORM.

DETAILS OF MASON:

THIS SECTION TO BE COMPLETED BY THE MONUMENTAL MASON

Name of Firm .....

Quoted Cost ..... Date .....…….

Address .....

Signature of Mason .....

Do You Wish To: (Please Tick)

Add Further Inscription ☐ Renovate Or Add Further ☐

Install A New Memorial ☐

PLAN AND SPECIFICATIONS:

NOTE: ALL PLANS AND SPECIFICATIONS OF MEMORIALS SUBMITTED 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.