



Ph: (02) 4868 0888 Fax: (02) 4869 1203
PO Box 141, Moss Vale 2577

CEM010

APPLICATION FOR APPROVAL TO ERECT A MEMORIAL

SUBJECT TO REGISTRATION

Application can only be made by the person registered as the holder of the Interment Rights for the grave, or if the holder is deceased by their executor or heirs.

Application is hereby made for permission to erect a memorial, in the location described on the reverse of this application, and to permit the monumental mason who signs this application to furnish the memorial in accordance with the conditions of the Monumental Mason Agreement entered into by the mason upon registration with Wingecarribee Shire Council.

Should any memorial, in the opinion of the Cemeteries Administrator, or his/her delegate, become unsightly, dilapidated or dangerous to employees, contractors or visitors, it is understood that the Council, as the cemetery administrator, shall have the right either to correct the condition or to remove same at the expense of the grave grantee or his or her heirs, after giving due notice in writing to the last known address of the grave grantee on file at the Council offices.

I/We hereby authorise and request that the Cemetery Administrator permit the erection of the memorial as described on the reverse side of this application and understand and agree to meet all ongoing costs of maintaining this memorial and furthermore, meet the cost of dismantling and removal should the memorial become unsafe. I/We understand that memorial work, or the maintenance of memorial work, in Wingecarribee Shire Council managed cemeteries can only be undertaken by a registered monumental mason.

Name of applicant in Full (please print)

Address

Contact Numbers Ph: () Mobile:

1. I / we,

Being the sole and exclusive grantee or grantees of the Interment Right for the allotment.

OR

2. I / we,

Being the Executor of the Will of the late

OR

3. I / we,

Being the heir / joint heirs having an equal right of interest in the estate of the grantee

Declare that to the best of my/our knowledge this application for approval to erect a memorial, as described on the reverse side of this form, is not contrary to the wishes of the deceased and I/we know of no objections to this application.

Signature/s: **Date:**

Privacy Statement: Any personal information provided by you on this form will be used by Council or its agents to process this application. The provision of this information is voluntary however if you do not provide the information Council may be unable to process your application. Once collected by Council the information can be accessed by you and may also be available to third parties including other members of the public

Name/s of Deceased: 1.
 (please print full name/s)
 2.

Date of Death: 1. 2.

Location Details:

CEMETERY: AREA: (General, Anglican, Baptist, Catholic, etc) TYPE: (Monumental, Lawn Beam,)	SECTION: ROW: ALLOTMENT/S:
---	---

Construction Details:

Material Type: Headstone Base Kerb

Dimensions:

Inscription:

Work Details: (please tick)

.....

Headstone including 1st Inscription
 Kerbing
 Slab
 Tiles, Marble chips, etc
 Renovation *
 Additional Inscription
 Other (describe)

Single	Double	Multi

* Renovation is clean or repair only, replacement is new work

PLEASE ATTACH A SCALE SKETCH SHOWING ALL ASPECTS OF WORK TO BE CARRIED OUT, INCLUDING DIMENSIONS

Monumental Mason Declaration

I certify that I have been authorised by the person making this application, to prepare a memorial and that the information provided above contains the specifications and a detailed sketch of this memorial.

I certify that this memorial is made entirely of first-grade materials and guaranteed by me to be free from all flaws and defects and that the workmanship on said memorial will be of the highest standard. Should a defect in material or workmanship become apparent before the lapse of five (5) years from date of setting, the cemetery management shall make such declaration in writing to the monumental mason and the memorial will be repaired without cost to the cemetery.

I hereby agree to abide by the standards, codes, regulations and policies relating to Council managed cemeteries now in force or hereafter adopted, in relation to the construction of memorials, and further agree that if in the opinion of the Cemeteries Administrator, or his/her delegate, the completed memorial does not comply with said standards, codes, regulations and policies, it will at the request of the Cemeteries Administrator, or his/her delegate, be removed by me within three days of such request, without cost to the Cemetery or the Grantee.

I understand that acceptance of this application and the payment of monumental fees and other payments do not constitute approval of this application.

Signature: **Date:**

Name: **Registration No.:**

For Office Use Only

Ref/Interment No	Details checked:	Name:
Inscription checked		Date of Death:
Scale Sketch dimensions checked:		Location:
Entered on System:		Applicant:
Fees entered:		Letter of Approval:.....

Inspection 1: Date: **Checked by:**

Inspection 2: Date: **Checked by:**

APPLICATION FEE (inc GST)..... **RECEIPT (Code CM01)** **DATE**.....

(PLEASE ENSURE THAT THE NAME OF THE DECEASED AND CEMETERY LOCATION ARE RECORDED IN THE RECEIPT DETAILS)