

APPLICATION FOR INSTALLATION OF MONUMENT

Name of Deceased Person for Whom Monument is to be Installed									
Plot Location / Niche Wall / Cremation Strip			Cemetery						
						•			
Materials used					S.	-	A		
Colour			In Memory of					1m	
Height	1m Berm						Berm		
Width									
Installation to be Carried Out By									
Date of Installation									
Headstone Unveiling	No	Yes	Date of Unveiling			ng	Time of Unveiling		
Account Payable By	unt Payable By Name								
	Addres	SS							
	Town								
Applicant's Signature				Date					
[For : Council Use Only]									
Approval Granted By				Records Checked Date					
Invoice Made Up				Code			27 41 15 4240		
Fee Payable	\$50.00 (inclusive GST)			Code			27 41 15 4240		
Receipt Number	, , , , , , , , , , , , , , , , , , , ,			Date			2 15 727		