



Shire of Wickepin

PO Box 19 WICKEPIN WA 6370 ph: 9888 1005 fax: 9888 1074

APPLICATION FOR MONUMENTAL WORKS

PART 1

Name of the Deceased: _____

Cemetery: _____

Area: _____ Grave _____

Name of Applicant: _____

Address of Applicant: _____

Telephone Number: _____

I hereby certify that I am authorised as:

- The person in whose name the Grant of Right of Burial was issued
- The personal representative of the holder of the grant
- The person acting expressly on behalf of the holder's personal representative

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 Laws and Regulations now or hereafter in force.

Signature of Applicant: _____ Date: _____

Note: The Shire is indemnified against any liability attributed to any incorrect statements or information contained in this form

PART 2

DETAILS OF MASON: This second part to be completed by the Monumental Mason
Plans and specifications to comply with AS4204-1994 and Shire of Wickepin guidelines

Name of Firm: _____

Address: _____

Application Cost: _____ Date: _____

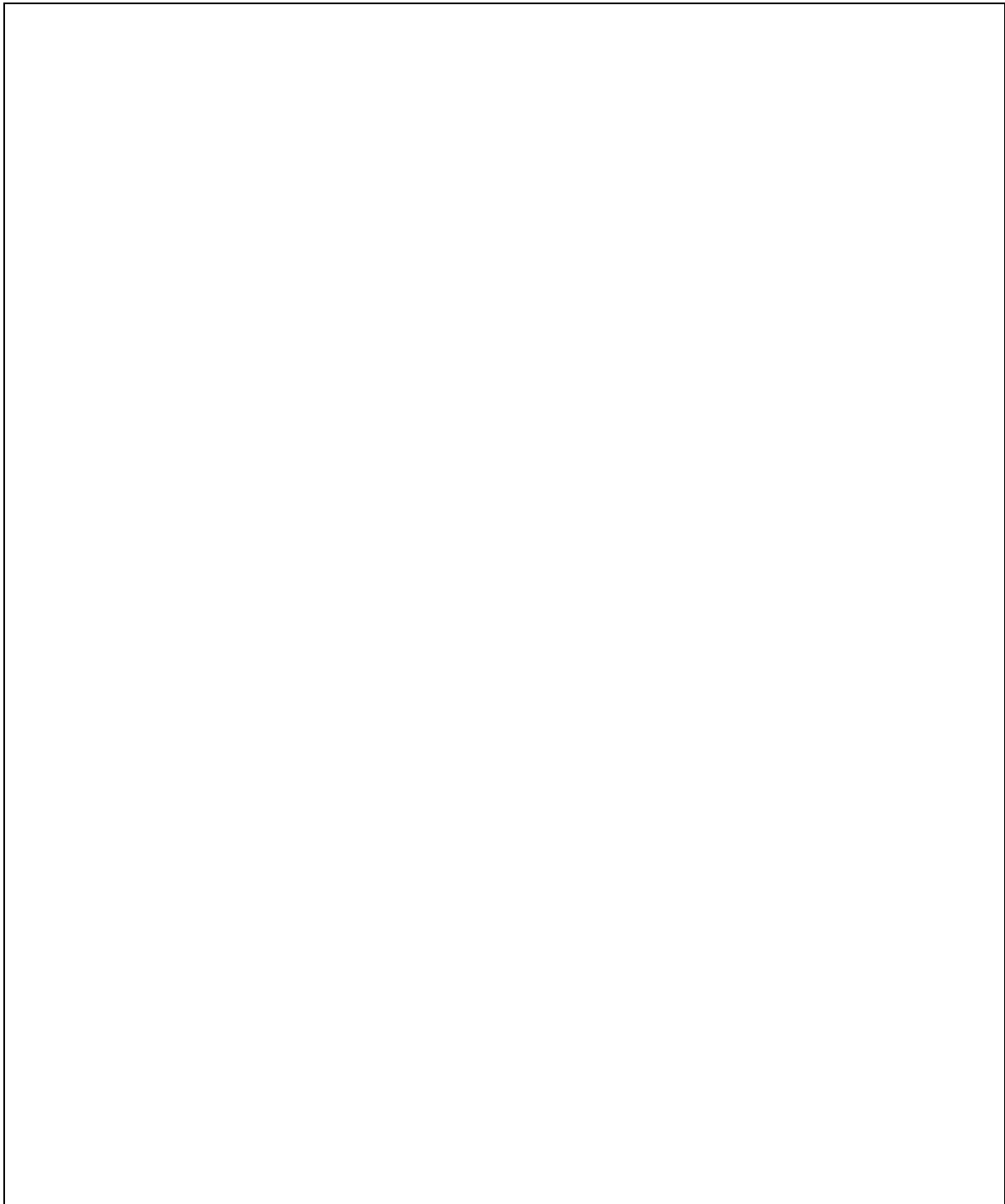
Signature of Mason: _____

Are you seeking approval to:

- Install a new Memorial
- Renovate or add further monumental work
- Add further inscription

DETAILS OF MONUMENTAL WORKS

Applications to include: plans, specifications, dimensions, types of materials used and inscription.



The Shire of Wickepin reserves the right to direct that the memorial be modified or dismantled and removed from a cemetery where:

- The stated dimensions on the application of the memorial constructed are contrary to the Act, Local Laws, policy and standards set by the Shire, and any conditions or directions given in respect of;
- The memorial is constructed outside the location of the grave.