

**SHIRE OF GOOMALLING**

Office Address: 32 Quinlan Street, Goomalling

Postal Address: PO Box 118, Goomalling WA 6460

Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au**GOOMALLING PUBLIC CEMETERY****APPLICATION FOR MONUMENTAL WORK**

Application No.	
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Grant No.	
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Form 12 in accordance with the *Cemeteries Act 1986 (c15.30)***Deceased Person**

Name of Deceased:

Area:

Section:

Grave no. :

Applicant

Name of Applicant:

Address:

I hereby certify that I am authorised as/by the holder of the Grant Right of Burial for the above mentioned 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 1986*, the Grant Right of Burial and the Local Law and regulations now or hereafter in force.

Signature:**Date:**

The Shire of Goomalling is indemnified against any liability attributed to any incorrect statements or information contained on this form.

Details of mason

Name of Firm:

Nature of Works:

- Install a new memorial
 Add further inscription
 Renovate or addition

Plans and Specifications :
(please attach)

All plans and specifications of memorials submitted must be carefully drawn including complete dimensions and all materials used. All descriptions to be in blocks letters including ornaments etc. Size of dowels and dowel holes to be specified.

Quoted Cost:

Quote Date:

Address:

Signature of Mason:**OFFICE USE ONLY**

Receipt no.:

Approval:

- YES Date ___/___/20___
 more information required

Comments/Notes:

Staff name:

Staff signature: