

	APPLICATION TO PLACE HEADSTONE AND OR MEMORIAL	Form #	1.1070 / 3
		Reviewed:	10 Jan 2018

Date: ____ / ____ / ____

Cemetery: ☐ Ceduna ☐ Smoky Bay (please tick)

Name of Applicant: _____

Phone No. (____) _____ Mobile: _____

This application is for the authorisation to carry out the following work:
(Details of inscription and drawings of monument and or ledger must be provided)

☐ New Monument and Inscription:

☐ Additional Inscription:

☐ Other Work

Work to be carried out by:

Name _____

Address _____

Phone No. (____) _____ Mobile: _____

Proposed dates to be completed: ____ / ____ / ____ to ____ / ____ / ____

FULL NAME OF DECEASED: _____

DATE DECEASED: ____ / ____ / ____

GRAVE LOCATION: Row/Path. _____ No. _____

Additional Information / comments:

All work must be carried out in accordance with the provisions of Australian Standard AS 4204-1994, the plans and specifications attached and comply with the rules, regulations and directions of the relevant Cemetery Authority.