

Application to Fit or Erect a Vault, Headstone or Plaque

****Please complete all sections and sign and date the form****

Fit / Erect:

Vault <input type="checkbox"/>	Headstone <input type="checkbox"/>	Plaque <input type="checkbox"/>
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Please TICK which CEMETERY:

Martyn Street #168 <input type="checkbox"/>	Babinda #172 <input type="checkbox"/>	Nelson Rd Babinda #172 <input type="checkbox"/>
Forest View #169 <input type="checkbox"/>	Gordonvale #171 <input type="checkbox"/>	Site / Plot No.:

I/We

Of _____ Phone: _____

Hereby, on behalf of the applicant listed below, apply for permission to erect a vault/ headstone/ plaque on a grave at the above mentioned Cemetery, in accordance with the particulars below.

Vault / Headstone / Plaque Details:

Applicant must contact cemetery staff to be shown the grave site prior to fitting of the headstone / vault / plaque

Deceased's Family Name:		Given Name/s:			
Date of Burial:	Section:	Row:	Plot#:		
Dimensions: (W) _____ mm	(H) _____ mm	(D) _____ mm	(L) _____ mm		

****A plan/layout of the proposed memorial must be attached to this form. Please provide an inscription layout if a plaque is to be fitted****

Next of Kin / Applicant Details

Family Name:		Given Name/s:			
Relationship to Deceased:			Date of birth:		
Street:		Suburb/ City:			
State:	Post Code:	Country:	Phone:		

To the best of my knowledge there is no dispute concerning installation of the headstone, vault or plaque.

Council Declaration

The next of kin or applicant noted on Council records reserves the right to apply for a vault, headstone or plaque to be installed on a burial site. Council accepts in good faith that the information supplied by the Applicant is true and correct and that the applicant has the required authority to make this application. It should also be noted that Council does not accept responsibility for the ongoing maintenance and/or repair of vaults, headstones or plaques.

I / We make application under Cairns Regional Council Local Law No.1 (Administration) 2016 to obtain a permit to conduct the activity outlined in this form.

Name:

Signature:

Date:

OFFICE USE ONLY

Amount Rec'd:	Receipt No:	DM#	Date:	Officer:
Authority <input type="checkbox"/>	Approval to M/M <input type="checkbox"/>	Copy to Cem <input type="checkbox"/>	Tracking <input type="checkbox"/>	

Cairns Regional Council – Privacy Statement: Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.