

## Application for Memorial (Vault, Headstone or Plaque) 2023/2024

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

### Please TICK applicable CEMETERY:

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

### SECTION 1: MONUMENTAL MASON /PERSON CONDUCTING WORKS

Business Name:	
Contact Person:	
Postal Address:	
Email Address:	Phone No:

### SECTION 2: PROPOSED DETAILS FOR MONUMENT WORKS BEING UNDERTAKEN (Permit Fees apply)

<input type="checkbox"/> Vault	<input type="checkbox"/> Headstone	<input type="checkbox"/> Plaque on Granite	<input type="checkbox"/> Plaque on Concrete	<input type="checkbox"/> Refurbishment Plaque	<input type="checkbox"/> Refurbishment Headstone
--------------------------------	------------------------------------	--	---	---	--

The following documentation is required:

- A plan of the proposed memorial must be attached to this form; and
- A layout with inscription if a plaque is to be fitted.

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

Deceased's Family Name:			Given Name/s:		
Site Details:	Section:	Row:	Plot#:		
Dimensions:	(W) mm	(H) mm	(D) mm	(L) mm	

#### Monumental Mason Declaration & Consent:

- I acknowledge that in submitting this form for approval I/we warrant that all works undertaken are to be carried out in accordance with the provisions of Australian Standard AS 4204-2019, *Work Health & Safety Act 2011* and Cairns Regional Council's specifications for Cemetery Plaque, Headstone & Vault Sizing.
- I understand that I must hold current Public Liability Insurance in the amount of \$20 million to undertake works in Council Cemeteries and I may be asked for proof of current licenses and insurance if required.
- I understand that no works can proceed at any of Council's Cemeteries without written approval from Council.
- I/We make application under *Cairns Regional Council Local Law No.1 (Administration) 2016* and *Cairns Regional Council Local Law No. 7 (Human Remains and Cemeteries) 2016* to obtain a permit to conduct the activity outlined in this form.

<b>Name of Monumental Mason / Person Constructing the Monument:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>

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.

## Application for Memorial (Vault, Headstone or Plaque)

### SECTION 3: BURIAL RIGHT HOLDER CONSENT FOR WORKS TO PROCEED

A) Are you the Burial Right Holder for the grave/site?

Yes (Complete below Section)

No (Continue to Section 4)

#### CONFIRMATION OF BURIAL RIGHT HOLDER DETAILS:

##### BURIAL RIGHT HOLDER 1

TITLE:	GIVEN NAME/S:	SURNAME:
--------	---------------	----------

POSTAL ADDRESS:

SUBURB:	STATE:	POSTCODE:
---------	--------	-----------

MOBILE NUMBER:	PHONE NUMBER:
----------------	---------------

EMAIL ADDRESS:

I consent to the work described in this application being carried out and declare that the information in this application is true and correct.

I acknowledge that I have a responsibility to maintain the memorial/place of interment in a safe and proper condition once completed and to keep the Council advised of any change to my contact details.

**BURIAL RIGHT HOLDER 1 SIGNATURE:**

**DATE:**

##### BURIAL RIGHT HOLDER 2

TITLE:	GIVEN NAME/S:	SURNAME:
--------	---------------	----------

POSTAL ADDRESS:

SUBURB:	STATE:	POSTCODE:
---------	--------	-----------

MOBILE NUMBER:	PHONE NUMBER:
----------------	---------------

EMAIL ADDRESS:

I consent to the work described in this application being carried out and declare that the information in this application is true and correct.

I acknowledge that I have a responsibility to maintain the memorial/place of interment in a safe and proper condition once completed and to keep the Council advised of any change to my contact details.

**BURIAL RIGHT HOLDER 2 SIGNATURE:**

**DATE:**

*Please Note: Council does not accept responsibility for the ongoing maintenance and/or repair of vaults, headstones or plaques.*

## Application for Memorial (Vault, Headstone or Plaque)

### SECTION 4: APPLICANT DETAILS

**\*\*Note: Only complete this section if the Burial Right Holder is not completing the form**

TITLE:	GIVEN NAME/S:	SURNAME:
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
MOBILE NUMBER:	PHONE NUMBER:	
EMAIL ADDRESS:		
<b>A. Is the Burial Right Holder consenting to the proposed works outlined in this application?</b>		
<input type="checkbox"/> Yes	Burial Right Holder to complete:	<b>Section 3.1 – Confirmation of Burial Right Holder Details</b>
	Applicant for construction permit to complete:	<b>Section 4.1 – Applicant Declaration</b>
<input type="checkbox"/> No	(Continue to Part B)	

<b>B. Is the Burial Right Holder alive?</b>	
<input type="checkbox"/> Yes	Consent must be granted by the Burial Right Holder before this application can proceed
<input type="checkbox"/> No	(Continue to Part C)

<b>C. Is the Burial Right Holder buried in the grave?</b>	
<input type="checkbox"/> Yes	Applicant for the <b>Burial Right Holder's</b> funeral is authorised to apply for the Construction Permit <b>Applicant</b> to complete <b>Section 4 and 5</b> of this form.
<input type="checkbox"/> No	A statutory Declaration must be attached to outline your relationship to the deceased, and reasons for the request. Where available, other supporting documentation will be required for Council to assess the application*
	<i>*Approvals will be at Council's discretion based on the information provided, including relationship to the Burial Right Holder, and the people buried within the grave.</i>

### SECTION 5: APPLICANT DECLARATION

Information provided by the Applicant is relied upon by Council in good faith that the details are true and correct and that the applicant has the required authority to make this application. Council does not accept any responsibility for allowing the construction of a monument that might be the subject of a later dispute between family members, executors and/or assigns.

<input type="checkbox"/>	I declare this to be a genuine request to authorise a monument to be constructed in the deceased person's honour and I am acting with the full consent of the family.
<input type="checkbox"/>	I declare that the information in this application is true and correct. I understand the Council may need to contact me directly to confirm details relating to this application.
<input type="checkbox"/>	I understand that it is an offence to provide false or misleading information.
<input type="checkbox"/>	If Option C above has been selected, I have completed a Statutory Declaration accompanying this application.
<b>APPLICANT SIGNATURE:</b>	
<b>DATE:</b>	