

Detailed plan/drawing of with measurements Wording to be placed or	of the monument	e sure you have included the following. Details and dimensions of proposed foundations Application Fee			Application No: Date Received: Receipt No:	
Surname						
Other Names						
GRAVE DETAILS		Castian		Nicconsis		
Denomination		Section		Number		
Grant No		Grant Expiry				
APPLICANT DETAILS						
Surname						
Other Names						
Address						
Telephone No		Email Address				
DECLARATION						
I hereby certify that I am authorised as/by the holder of the Grant of Right of Burial for the abovementioned Grave and approve erection of the memorial detailed herein Signed by the Applicant/Grantee Signature						
DETAILS OF MASON (or Person erecting Monument)						
Name of Firm						
Contact Name		Em all Address				
Telephone No Plans provided are to:	Install a naw mamaria	Email Address	a further Inscription		Ponovata	or add further
	Install a new memoria	ш	a futitier inscription		Nellovate o	add fulfilei
Please provide details o						
	Insurers Name		Policy Number			Expiry Date
Public Liability						
Professional Liability						
Workers Compensation						
I certify that the monument meets all conditions stipulated in the Cemeteries Act and Regulations and the Shire of Westonia						
Cemetery Local Law 2016 (as amended).						