



## APPLICATION TO UNDERTAKE MONUMENTAL WORKS

**IMPORTANT:** The information provided by you on this form will be used by Narrabri Shire Council or its agents to process this application. The provision of this information is voluntary, however, if you do not provide the information, Council may not be able to fully process your application. Once collected by Council, the information can be accessed by you in accordance with Council's Privacy Management Policy or in special circumstances, where Commonwealth Legislation requires or where you give permission for third party access.

### Applicant Details

Name:

Company Name:

Postal Address:

Town:

State and Postcode:

Phone Number:

Mobile Number:

Email Address:

### Works Details

I apply for monumental works to be undertaken as set out.

Cemetery:

Portion:

Section:

Allotment:

For the Late

Given Name(s):

Surname:

Particulars of proposed inscription and design of monument:

**Declaration**

By signing this form, you confirm that you have sighted evidence that the monumental works request has come from the grantee, next of kin or similarly authorised person. Please advise the authorising person's name and type of document you witnessed. (Please note this application will not be approved without such evidence provided)

Name:

Document Type:

Signature of Applicant:

Date:

**Office Use Only**

TOTAL OWING:

DATE PAID:

RECEIPT NUMBER:

PAYMENT METHOD:

## PROOF OF AUTHORITY FORM

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**Only the next of kin or similarly authorised person can request the placement of any Monumental Works. By completing and signing this form, you confirm that you are the approved next of kin/authorised person.**

### Authorisation

I hereby confirm that I am the next of kin/authorised person to request Monumental Works for the Late:

Given Name/s:

Surname:

The monument will be constructed at gravesite known as:

Cemetery:

Section:

Allotment:

### Applicant Details

Full Given Name/s:

Surname:

Postal Address:

Town:

State and Postcode:

Phone Number:

Mobile/Work Number:

Signature of Applicant:

Date: