



## Application to Erect Monument/Carry out Alterations

Deceased Details		
Surname: _____	First: _____	Middle: _____

Applicant Details	
Mason Name:	_____
Company:	_____
Mailing Address:	_____
	Phone: _____
Signature: _____	Date: ____ / ____ / ____

Monument Details			
Location:	_____ Cemetery	Section: _____	Grave ID: _____
Form of Monument:	_____		
Dimensions:	Length: _____	Width: _____	Height: _____
Date of Work	__ / __ / ____		

Office Use Only			
Officer receiving information: _____	ID Number: _____		
Information received from: _____			
Date and time received:	____ / ____ / ____ : ____ am / pm		
Date and time forwarded:	____ / ____ / ____ : ____ am / pm		
Records:	<input type="checkbox"/> Civica <input type="checkbox"/> Cemetery Register <input type="checkbox"/> Cemetery Index <input type="checkbox"/> Cemetery Plan		

### Information Privacy Act 2009 – Collection Notice

The Information Privacy Act 2009 governs how your information is used, collected, disclosed and stored. This information will be used for the purpose of assessing your application and will not be disclosed to any other third party without your written or verbal authorisation unless we are required to by law.