**Application for plaque**

Cemeteries

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Folder | 119623 | Workflow | Plaque | Doc ID |  | Box No |  |

Council agrees that plaque inscription must include the name, age and date of death of the individual. Pursuant to Council *Policy 252 – Cemeteries*, applicable costs are to be paid in full, on approval of plaque quote and proof.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DECEASED DETAILS** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Surname** | | |  | **First name** | | | | | | |  | **Middle names** |
|  | | |  |  | | | | | | |  |  |
|  | | | | | | | | | | | | |
| **Cemetery** |  | **Section** | | |  | **Row** |  | **Plot/Niche** |  | **Cemetery Type** | | |
|  |  |  | | |  |  |  |  |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Surname** | | |  | **Given names** | | | | | | |
|  | | |  |  | | | | | | |
|  | | | | | | | | | | |
| **Postal address** | | | | | | |  | **State** |  | **Postcode** |
|  | | | | | | |  |  |  |  |
|  | | | | | | | | | | |
| **Contact number** |  | **Email address** | | | | | | | | |
|  |  |  | | | | | | | | |
|  | | | | | | | | | | |
| **Relationship** |  | **Are you a burial right holder?** | | |  | **Preferred contact method** | | | | |
|  |  |  | | |  |  | | | | |

|  |
| --- |
| **APPLICATION PROCESS** |
|  |
| 1. Complete this application 2. Provide high resolution digital images to Council if you are using photographs on plaque 3. Receive proof and costs for plaque from Council 4. Reply to Council with amendments if necessary and/or approve final proof and costs of plaque 5. Make payment of fees due as advised by Council 6. Receive advice from Council that plaque has been installed |

|  |  |  |
| --- | --- | --- |
| **PLACEMENT DETAILS** | | |
|  | | |
| **Completed *Application for Interment*?** |  | **Does the family wish to be present at the time the plaque is being placed?** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **SIGNED** | | |
|  | | |
| **Signature** |  | **Date** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LODGEMENT OF YOUR APPLICATION** | | | | | |
| MAIL | Chief Executive Officer, PO Box 390, Gayndah, Qld 4625 | | | | |
| EMAIL | | [admin@northburnett.qld.gov.au](mailto:admin@northburnett.qld.gov.au) | | TELEPHONE | 1300 MY NBRC (1300 696 272) |
| IN PERSON | | | Visit our customer administration offices 8.30am – 4.30pm (closed 11.30am – 12.30pm) | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | |
|  | | | | |
| **Information received by** |  | **Date and time** |  | **NBRC contact officer** |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLAQUE DETAILS** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Single (complete if required)** | | | | | | | | | | | | | | | |
| Lawn Niche Other | | | | | | Design no: | | | | | | | Size: | | |
|  | | | | | | | | | | | | | | | |
| **Double (complete if required)** | | | | | | | | | | | | | | | |
| 1st side/detachable plate | | | | 2nd side/detachable plate | | | | | | Both (Attach 2 x Plaque Options Page) | | | | | |
|  | | | | | | | | | | | | | | | |
| **Shape** | | | | | | | | | | | | | | | |
| Standard Rectangle | | | | | Oval (lawn only) | | | | | | | Other: | | | |
|  | | | | | | | | | | | | | | | |
| **Colour** | | | | | | | | | | | | | | | |
| Brown | Light Brown | | | | Pale Pink | | | | Fuchsia | | | Burgundy | | | Red |
| Teddy Blue | Trac Blue | | | | Dark Blue | | | | Teal | | | Turquoise | | | Green |
| Violet | Black | | | |  | | | |  | | |  | | |  |
|  | | | | | | | | | | | | | | | |
| **Border** | | | | | | | | | | | | | | | |
| Standard (9) | | Floral (2) | | | | | Fancy Floral (7) | | | | Woven (4) | | | Thick Woven (6) | |
| Roman (2) | | Leaves (10) | | | | | Heart (15) | | | | Star (27) | | | Other: | |
|  | | | | | | | | | | | | | | | |
| **Photograph / Emblem** | | | | | | | | | | | | | | | |
| Left Placement Centre Placement Right Placement Other Placement | | | | | | | | | | | | | | | |
| Emblem number: | | | Or Image attached: | | | | | If other placement, please describe: | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Photograph Border** | | | | | | | | | | | | | | | |
| No Border Standard Thick Woven | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Photograph Details** | | | | | | | | | | | | | | | |
| Please provide a high resolution photograph in digital format with your application.  Note: Use of emblems and photographs may reduce lines available for wording.  Custom sizing is subject to available space on the plaque and photo quality. | | | | | | | | | | | | | | | |
| 30mm 2.5 x 3.5cm 3 x 4cm Custom size: | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LINE SEQUENCE** | | | | | | |
| Refer to Worssell Design number for available lines. Please order the sequence if using optional lines.  Un-ordered sequences will be ordered automatically starting from Line 1 "IN LOVING MEMORY OF" or "CHERISHED MEMORlES OF" and increasing up to available lines. | | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
| IN LOVING MEMORY OF CHERISHED MEMORIES OF TREASURED MEMORIES OF | | | | | | |
| Other: | | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
|  | | | | | |
| **Surname** | |  | **First name** |  | **Middle names** |
|  | |  |  |  |  |
|  | | | | | |
| **Other** | | | | | |
|  | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
| WHO PASSED AWAY WHO PASSED AWAY ON WHO DIED WHO DIED ON | | | | | | |
| Other: | | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
| Date of death: | Date in full Numerical date Other: | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
| Age of       Aged       years Aged       years and       months | | | | | | |
| Other: | | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
| LOVED AND REMEMBERED ALWAYS IN GOD'S CARE | | | | | | |
| Other: | | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Line:** | | | | | | |
|  | | | | | | |

|  |
| --- |
| **PLAQUE LAYOUT** |
| Applicant to complete this section only if necessary i.e. If customer cannot accommodate their requirements above, otherwise attach final plaque proof with completed *Customer Authorisation* to this application |
|  |