**Application to erect monument / carry out alterations**

Cemeteries

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Folder | 119623 | Workflow | Headstone Plaques | Doc ID |  | Box No |  |

Pursuant to Council Policy *252 – Cemeteries,* ten (10) days’ notice must be given to allow sufficient time for Council to process this application. This application must be approved in writing by a Council Officer prior to any works being carried out.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DECEASED DETAILS** | | | | |
|  | | | | |
| **Surname** |  | **First name** |  | **Middle names** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CEMETERY DETAILS** | | | | |
|  | | | | |
| **Cemetery** |  | **Cemetery Type** | | |
|  |  |  | | |
|  | | | | |
| **Section** |  | **Row** |  | **Plot** |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | | | |
|  | | | | | | |
| **Company Name** |  | **Mason Name** | | | | |
|  |  |  | | | | |
|  | | | | | | |
| **Postal address** | | |  | **State** |  | **Postcode** |
|  | | |  |  |  |  |
|  | | | | | | |
| **Contact number** |  | **Email address** | | | | |
|  |  |  | | | | |
|  | | | | | | |
| **PUBLIC LIABILITY INSURANCE** - Not applicable for minor works e.g. Cleaning, painting etc. | | | | | | |
|  |  |  | | | | |
| **Insurance Company Name** |  | **Insurance Policy Number** | | | | |
|  |  |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF BURIAL RIGHT HOLDER / NEXT OF KIN 1** | | | | | | |
|  | | | | | | |
| **Surname** |  | **First name** | | |  | **Burial Right Holder?** |
|  |  |  | | |  |  |
|  | | | | | | |
| **Postal address** | | |  | **State** |  | **Postcode** |
|  | | |  |  |  |  |
|  | | | | | | |
| **Relationship** |  | **Contact number/s** | | | | |
|  |  |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DETAILS OF BURIAL RIGHT HOLDER / NEXT OF KIN 2** | | | | | | |
|  | | | | | | |
| **Surname** |  | **First name** | | |  | **Burial Right Holder?** |
|  |  |  | | |  |  |
|  | | | | | | |
| **Postal address** | | |  | **State** |  | **Postcode** |
|  | | |  |  |  |  |
|  | | | | | | |
| **Relationship** |  | **Contact number/s** | | | | |
|  |  |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **MONUMENT DETAILS** | | | | | | | |
|  | | | | | | | |
| **Date of work** |  | **Start time** |  | **Finish time** | |  | **Require Council Representative** |
|  |  |  |  |  | |  |  |
|  | | | | | | | |
| **Length** |  | **Width** |  | **Height** |  | | **Tick if design is attached** |
|  |  |  |  |  |  | |  |
|  | | | | |  | | |
| **Description of work** | | | | | | | |
|  | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **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 from** |  | **Date and time** |
|  |  |  |
|  | | |
| **NBRC Receiving Officer** |  | **NBRC contact officer** |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** – APPLICATION CHECKLIST TO BE COMPLETED WITH APPLICANT | | | | | |
|  | | | | | |
|  | **Cemetery**   * The correct location of gravesite is provided by a Council Officer * The cemetery is left in a clean and tidy condition having removed all excess materials utilised for stone/cement masonry work * Any damages to nearby gravesites occurring during installation of monuments must be reported to the Chief Executive Officer and the respective stonemason will be charged for repair costs * The person/stonemasons carrying out work must hold a valid public liability insurance policy * The cost of such monument/memorial is to be borne by the applicant * Council takes no responsibility to repairs due to age, weather or vandalism | | | | |
|  | | | | | |
|  | **Memorials**   * Memorials must be constructed on a slab 1.2m x 2.4m x 15cm for single burial site * Memorials must be constructed on a slab 2.4m x 2.4m x 15cm for double burial site * Must be safely and securely placed; * Shall be consistent with the existing amenity of the section of the cemetery in which it is to be erected or installed * Shall be marked with the name of the person whose remains are contained in the resting place * All stone/cement masonry work is carried out in a professional manner | | | | |
|  | | | | | |
| **Burial Right Holder / Next of Kin / Stonemason** | |  | **Signed** |  | **Date** |
|  | |  |  |  |  |
|  | | | | | |
| **Customer Service Officer** | |  | **Signed** |  | **Date** |
|  | |  |  |  |  |