

# APPLICATION FOR A CEMETERY HEADSTONE OR MEMORIAL



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*Cemeteries:*

**ALL APPLICATIONS REQUIRE DRAWINGS, DIMENSIONS AND FULL INSCRIPTIONS TO BE SUPPLIED**  
Subject to the rules and regulations of the Barunga West Council

## MONUMENTAL MASON

I/We \_\_\_\_\_

\_\_\_\_\_

(Business name, address, telephone)

## APPLY FOR PERMISSION TO DO THE FOLLOWING WORK (Please select one of the following)

- A** New monument and inscription (drawing of monument and dimensions required)\_
- B** Additional inscription (If not English, please provide a translation)
- C** Other Work (Description required)

## CEMETERY (Please circle)

Port Broughton

Bute

Alford

Kulpara

South Hummocks

**FULL NAME OF DECEASED:** \_\_\_\_\_

Date Deceased: \_\_\_\_\_ Site Location: \_\_\_\_\_ Section: \_\_\_\_\_ Row: \_\_\_\_\_

**All works must be carried out in accordance with the provisions of Australian Standard AS4204-1994, the Plans and specifications attached comply with the rules, regulations and directions of the Council.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Monumental Mason)

## INTERMENT RIGHT HOLDER OR LEGAL REPRESENTATIVE

I/We \_\_\_\_\_ ( Full name)

Of \_\_\_\_\_ ( Address)

Warrant that I: (Please select one of the following)

- Am the person whose name the Interment Right is issued.
- Have written authority of the person in whose name the Interment Right was issued.
- Am the legal representative of the Interment Right Holder.

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I warrant that all the information given is correct and consent to the work described in this application being carried out.

As owner, I acknowledge that I have a responsibility to maintain the monument in thorough order and condition during the term of the Permit and, if I do not, the Cemetery Authority has the right to remove it and recover the cost of doing so from me as a debt payable on demand.

I acknowledge responsibility to remove the monument on expiry of the **Interment Right** subject to any right of renewal.

I do agree to indemnify and hold harmless the Cemetery Authority against any claims, actions, liability, loss or damage and expense arising to or against the Cemetery Authority in respect to the monument, the condition or repair of or damage to the monument, or the removal of the monument occurring at any time after the installation of the monument.

I do understand that if the headstone or memorial is not removed within two years of the **Interment Right** for the site expiring, the Cemetery Authority has the legal right to remove the headstone or memorial and dispose of it as they see fit. (Cemetery Regulations 2010).

**I also acknowledge that it is my responsibility to advise the Barunga West Council of any change to my address.**

Signature/s \_\_\_\_\_ Witness signature \_\_\_\_\_

Name in full \_\_\_\_\_ Name in full \_\_\_\_\_

Date / / 20

Date / / 20

**BWC OFFICE USE ONLY:**

Plot / Niche No (s): ..... Section / Row / Wall No (s): .....

Permit No: ..... Interment Right No (s): .....

Signature:..... Date: .....