

Applicant Details

Applicant Full Name					
Address					
Suburb		State		Postcode	
Contact No.		Email			
Relationship to Deceased				Grant No.	

Details of Deceased

Deceased Full Name	
Date of Death	

Plaque Details

Plaque Type	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Bronze		
Motifs/Emblems <i>(Not applicable for Stainless Steel Plaques)</i>	Perpetual Flower/Emblem#		Flat Emblem#
Border/Background <i>(Not applicable for Stainless Steel Plaques)</i>	Border#	Stippled Background	<input type="checkbox"/> Yes <input type="checkbox"/> No

Text Details

Line 1	
Line 2	
Line 3	
Line 4	
Line 5	
Line 6	
Line 7	
Line 8	

Do you wish to be present when the plaque is installed?

Yes No

Important Information

1. A proof and quotation will be provided to the applicant for approval. No final order will be placed until a signed proof and acceptance of quotation is received.
2. All installation will be undertaken by Shire of Gingin staff without exception.

PTO to complete form →

Applicable Fees

The installation fee (see the Shire of Gingin's Schedule of Fees and Charges) and the cost of the plaque (subject to quotation) will be charged to the applicant. Please ensure your contact details are correct on this form as you will be issued with an invoice in order to make payment.

Applicant Declaration/Acknowledgement

I the undersigned, being the person registered as the Holder of the Right of Grant of Burial or, in the case of a new niche, the person to be registered as the Holder of the Right of Grant of Burial, state that all the information supplied is true and correct and agree to the conditions under which the Grant of Right of Burial is issued.

By signing below, you declare that all the information provided on this form is true and correct.

Signature		Date	
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Form Submission

E: mail@gingin.wa.gov.au

P: Shire of Gingin
PO Box 510
GINGIN WA 6503

W: This form is also available to complete online. Visit www.gingin.wa.gov.au

Office Use Only

Fee Amount	\$	Receipt No.		Receipt Date	
Grant No.				Record No.	
Actions List	<input type="checkbox"/> Grant Checked/Issued <input type="checkbox"/> Request for Quote and Proof sent to Supplier <input type="checkbox"/> Quote and Proof accepted by Applicant <input type="checkbox"/> Invoice Raised				