



7 Brockman Street, Gingin, Western Australia 6503  
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**APPLICATION FOR MONUMENT INSTALLATION**

To: The Shire of Gingin

I hereby apply for permission to fix monument/headstone on the grave  
of the Late \_\_\_\_\_

Denomination \_\_\_\_\_ Grave No. \_\_\_\_\_

For (Name of Authorised Applicant) \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

*I hereby certify that I am authorized as/by the holder of the Grant of Right of Burial for the abovementioned grave to approve erection of the memorial detailed herein and I accept that the approval issued will be subject to conditions stipulated in the Cemeteries Act, the Grant of Right of Burial and the By-Laws and Regulations now or hereafter in force.*

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

**MONUMENT MASON:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

New Monument  Existing Monument

Estimated Start Date: \_\_\_\_\_

Fee Enclosed:

*And in the event of such permission being granted, I hereby bind myself to comply with all the Rules, Regulations, By-Laws and Resolutions of the board relative to such permission. I confirm that I hold current certificates of insurance for public liability and workers' compensation.*

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

**DETAILS OF PROPOSED WORKS:**

All applications must include plans, specifications, dimensions and type of materials to be used.

**Office Use Only**

Plans Approved:  Yes  No

Approving Officer: \_\_\_\_\_  Complaint  Non-compliant

Inspecting Officer: \_\_\_\_\_ Date Inspected: \_\_\_\_\_

Receipt No: \_\_\_\_\_