

# Gingin Cemetery Application for Plaque

Applicant Details					
Applicant Name:					
Address:					
Suburb:		State:		Postcode:	
Contact Number:		Email:			
Relationship to Deceased:		Grant No:			
Note:	Applicant must be the current Holder of the Grant of Right of Burial for the niche.				

Details of Deceased			
Deceased Full Name:			
Date of Death:			

Plaque Details				
Plaque Type: (Please circle)	Stainless Steel		Bronze	
Motifs/Emblem: (Not applicable for stainless steel plaques)	Perpetual Flower/Emblem#		Flat Emblem#	
Border/Background: (Not applicable for Stainless Steel Plaques)	Border#	Stippled Background: (Please circle)		Yes / 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: (Please circle)	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.



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### **Applicable Fees**

The cost of plaque manufacture and delivery (subject to quotation) and installation by the Shire will be invoiced to the applicant using the contact details provided on this form.

### **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.

Applicant Signature:	
Date:	

Office Use Only						
Fee Amount	\$	Receipt No.			<b>Receipt Date</b>	
Grant No. Allocated Record No.						
Actions List          □ Gran Checked/Issue         □ Request for         □ Quote and Proof accepted by Application         □				-		