

Governance

APPLICATION FOR PLAQUE



Before submitting this application, please ensure:

- That the application form is fully completed and signed; and
- That a copy of the current Grant of Right of Burial is attached.

Note: Applicant must be the current Holder of the Grant of Right of Burial for the niche. The relevant fee will be invoiced upon receipt of the application.

Applicant Details

Full Name:			
Address:			
Suburb:		Postcode:	
Telephone:		Email Address:	
Grant Number:			
Relationship to deceased:			

Details of Deceased

Name of Deceased:	
Date of Death:	

Plaque Details

Plaque type: (Please tick)	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> Bronze		
Motifs/Emblem: (Not applicable for stainless steel plaques)	Perpetual Flower/Emblem#	Flat Emblem#	
Border/Background: (Not applicable for stainless steel plaques)		Stippled Background: (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Text Details

Line 1:	
Line 2:	
Line 3:	
Line 4:	
Line 5:	

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Line 6:	
Line 7:	
Line 8:	

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.

See Shire of Gingin Fees & Charges (<https://www.gingin.wa.gov.au/budget-fees-and-charges>)

Applicant Declaration/Acknowledgement

I, the undersigned, being the person registered as the Holder of the Grant of Right of Burial or, in the case of a new niche, the person to be registered as the Holder of the Grant of Right of Burial, state that all 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 information provided on this form is true and correct.

Applicant Signature:		Date:	
Do you wish to be present when the plaque is installed: (Please tick)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Office Use Only

Fee Amount	\$	Receipt No.		Receipt Date	
Record No.					
Actions Required					