APPLICATION FOR MONUMENTAL

WORKS (FDRS026)



89 Earl Street PO Box 1145 Narrogin WA 6312

(08) 9890 0900

www.narrogin.wa.gov.au enquiries@narrogin.wa.gov.au CASHIER HOURS: 8:30am - 4:30pm MONDAY- FRIDAY

Narrogin WA 631	2			<u> </u>	MONDAY- FRIDAY
Before submitting, this application please make sure you have included the following.				Applic	cation No:
☐ Detailed plan/drawing of the monument ☐ Details and dimensions of proposed			Date Received:		
with measurements foundations					eceipt No:
Wording to be pla	ced on the monument	Application Fee			
DECEASED DETA	AILS				
Surname					
Other Names					
GRAVE DETAILS					
Denomination		Section		Number	
Grant No		Grant Expiry			
APPLICANT DET	AILS				
Surname					
Other Names					
Address					
Telephone No		Email Address			
DECLARATION					
I hereby certify that	I am authorised as/by th	ne holder of the Grant of	of Right of Burial for	the abovemention	ned Grave and approve
erection of the mem-					
Signed by the App	licant/Grantee				
Signature				Date	
DETAILS OF MAS	SON (or Person erec	cting Monument)			
Name of Firm					
Contact Name					
Telephone No		Email Address			
Plans provided are to:	Install a new memor	rial Add a	a further Inscription	Renov	vate or add further
Please provide detail	ls of the following insura	ances			
·		Insurers Name		er	Expiry Date
Public Liability					
Professional Liability					
Workers Compensation					
I certify that the moni	ument meets all condition	ons stipulated in the Co	emeteries Act and R	egulations and th	ne Shire of Narrogin
Cemetery Local Law		·			· ·
Signature				Date	
OFFICE USE ONLY					
Application Received		Approved		Initials	
Invoice		Receipt		Date	
Signed on behalf of the	Shire of Narrogin				

.Date