APPLICATION FOR MONUMENTAL WORKS (FPS026)



89 Earl Street PO Box 1145 Narrogin WA 6312

Signature......

(08) 9890 0900

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

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Before submitting, this application please make sure you have included the following.				Applicatio	Application No:	
☐ Detailed plan/drawing of the monument ☐ Details and dimensi			nsions of proposed	Date Received:		
with measurements Wording to be placed on the monument		foundations Application Fee			Receipt No:	
] [
DECEASED DET	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	the holder of the Grant	of Right of Burial for	the abovementioned	Grave and approve	
erection of the mem	orial detailed herein					
Signed by the App	olicant/Grantee					
Signature				Date		
DETAILS OF MA	SON (or Person ere	ecting Monument)				
Name of Firm						
Contact Name						
Telephone No		Email Address				
Plans provided are to:	Install a new memo	orial Add	a further Inscription	Renovate	or add further	
Please provide detai	ls of the following insu	ırances				
. reads provide detail		Insurers Name		er	Expiry Date	
Public Liability			·		· ·	
Professional Liability						
Workers Compensation	1					
I certify that the mon	ument meets all condi	tions stipulated in the C	emeteries Act and R	egulations and the SI	hire of Narrogin	
	2016 (as amended).	·			· ·	
Signature				Date		
OFFICE USE ONLY				-		
Application Received		Approved		Initials		
Invoice		Receipt		Date		
Signed on behalf of the	e Shire of Narrogin					

.....Date