



SOUTHERN MALLEE DISTRICT COUNCIL

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Pinnaroo T 08 8577 8002

Lameroo T 08 8576 3002

Interment Right No. _____

Application for a Headstone or Memorial

Subject to the rules and regulations of the Southern Mallee District Council (Cemetery Authority) Cemeteries

Monumental Mason:

I/We

(Business Name, Address and Telephone)

Apply for permission to do the following work: (Please select one on the following)

New monument and inscription (drawing of monument and dimensions required)

☐

Additional inscription (if not in English, please provide a translation)

☐

Other work (description required)

☐

Full name of deceased

Date Deceased:

Cemetery:

Grave Location:

Row/Path

No

All works must be carried out in accordance with the provisions of Australian Standard AS4204-1994, the plans and specifications attached and comply with the rules, regulations and directions of the relevant Cemetery Authority.

Signed:

Date:

Application Fee: \$90.00

(Monumental Mason)

Interment Right holder or legal representative:

I

(Full Name)

of

(Address)

Warrant that I: (Please select one on the following)

Am the person in whose name the Interment Right is issued

☐

Have written authority of the person in whose name the Interment Right is issued

☐

Am the legal representative of the Interment Right Holder

☐

I warrant that all the information given is correct and consent to the work described in this application being carried out.

As owner, I acknowledge that I have a responsibility to maintain the monument in thorough order and condition during the term of the Interment Right and, if I do not, the Cemetery Authority has the right to remove it and recover the cost of doing so from me as a debt payable on demand.

I do agree to indemnify and hold harmless the Cemetery Authority against any claims, actions, liability, loss or damage or expense arising to or against the Cemetery Authority in respect to the monument, the condition or repair of or damage to the monument, or the removal of the monument occurring at any time after the installation of the monument.

I also acknowledge that it is my responsibility to advise the cemetery authority of any change of my address.

Before Me

(Signature of witness)

Witness

(Please print name of witness)

(Signature of Interment Right Holder or Legal representative)

Office Use Only:

Grave Location: Section

Row/Path

No.

Interment Right No.

Authorised By:

Date: