



SOUTHERN MALLEE DISTRICT COUNCIL

PO Box 49, PINNAROO SA 5304
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Pinnaroo T 08 8577 8002
Lameroo T 08 8576 3002

APPLICATION FOR A PLAQUE

Name of deceased _____
Cemetery _____
Plaque size (mm) _____

Inscription:

Please either provide the inscription text in the field below or submit an artwork proof with this form.

☐ New plaque

☐ Additional Inscription

Applicant Details

Name _____ Phone _____

Address _____

Email _____

Please select:

- ☐ I am the person in whose name the Interment Right is issued
☐ I have written authority of the person in whose name the Interment Right is issued
☐ I am the legal representative of the Interment Right Holder

I warrant that all the information given is correct. I acknowledge that I have a responsibility to maintain the plaque in a safe and proper condition. I acknowledge that I have a responsibility to advise the Cemetery Authority (Council) of my current address.

Applicant Signature _____ **Application Fee: \$90.00**

OFFICE USE ONLY: Interment Right _____ Interment Right Holder _____
Cemetery _____ Section _____ Row _____ Niche _____
Authorised by _____ Date _____