APPLICATION FOR MONUMENT (INSTALLATION/IMPROVEMENT)

APPLICATION ID: *(office use only)*
CEMETERY NAME:

SECTION DETAILS:	
SECTION:	
ROW:	LOT:
INTERMENT RIGHT HOLDER NAME:	
INTERMENT RIGHT NUMBER:	

DECEASED DETAILS:	
FULL NAME OF DECEASED:	
DATE OF BIRTH:	DATE OF DEATH:

NOMINATED MONUMENTAL MASON/REPRESENTATIVE:		
I hereby apply for permission to undertake the work as detailed below on behalf of the Interment Right Holder/Authorised Representative.		
REGISTERED BUSINESS NAME:		
LICENCE NO:		
CONTACT NAME:		
ADDRESS:		
Telephone:	Mobile:	Email:
INTERMENT RIGHT HOLDER OR AUTHORISED REPRESENTATIVE:		
SURNAME:		
GIVEN NAMES:		
ADDRESS:		
Telephone:	Mobile:	Email:

TYPE OF MEMORIAL/RESTORATION WORK: ***please tick where applicable***	
☐ NEW Monument	☐ Restoration Work
☐ Additional Inscription	☐ Other, specify.

The following information must accompany application:

- ☐ Diagram showing details and measurements of proposed memorial
- ☐ Inscription on monument
- ☐ Copy of public liability insurance
- ☐ **Approximate date and time when memorial work will be carried out.**

DECLARATION

I, the Interment Right Holder/Authorised Representative, hereby declare the following:

- ☐ I am the person whose name the Cemetery Interment Right is issued to; or
- ☐ I am the executor of the estate of the person in whose name was on the Cemetery Interment Right; or
- ☐ I have the written authority of the person, or executor of the estate of the person, in whose name the Cemetery Interment Right was issued to; or
- ☐ I am the next of kin and/or a relative and have provided documents showing evidence of connection to the deceased.

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

As the Interment Right Holder, or as an authorized representative thereof, I acknowledge and accept full responsibility for maintaining the monument in a proper and orderly condition throughout the duration of the Interment Right. I further acknowledge that, should I fail to fulfil this obligation, the City of Victor Harbor is entitled to remove the monument and recover the costs incurred, which shall be payable by me as a debt due on demand.

I acknowledge responsibility to remove the monument on expiry of the Interment Right subject to any right of renewal.

I agree to indemnify and hold harmless the City of Victor Harbor against any claims, actions, liability, loss or damage or expense arising to or against the City of Victor Harbor 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 understand that if the headstone or memorial is not removed within two years of the Interment Right for the site expiring, the City of Victor Harbor has the legal right to remove the headstone or memorial and dispose of it as they see fit (Cemetery Regulations 2010). I also acknowledge that it is my responsibility to advise the City of Victor Harbor of any change of address.

Interment Right Holder or Authorised Representative:

Signed: Date:

Nomination Monumental Mason/Representative

Signed: Date: