## **SHIRE OF KENT**



## APPLICATION FOR MEMORIAL WORKS PERMIT NYABING PUBLIC CEMETERY

	I/Weapply for permission for:  (Name of Applicant, Executor or Authorised Representative)						
		Monument Headstone		Plaque Border works		Other work(Please describe)	
	Full name of deceased:						
	Grave	location:			Date	e of death:/	
	Niche	location:	• • • • • • • • • • • • • • • • • • • •				
		GRANT HOLDER OR AUTHORISED REPRESENTATIVE					
	I					(Full name)	
	Of	(Postal Address)					
	Day time contact Phone Number: ( )						
OR	<b>→</b> □	I have the written auth whose name the Right Have the authority for t	e estate of nority of of Burial v ne use of lescribed	of the person in vithe person, or to was issued the grave	whose no he exec	ame the Right of Burial was issued utor of the estate of the person, in ag carried out and declare that all	
	Signature: Date:/  Applicant, Executor or Authorised Representative						
	Christie 3	<b>ure:</b> Smith ecutive Officer	•••••	Date	<b>::</b> /.	/	

## SHIRE OF KENT Diagram of memorial: Inscription Wording ..... **Dimensions of Memorial:** Height: ...... mm Width: ..... mm Length: ..... mm Other Works Dimensions: (i.e. border works) Materials memorial is made of ..... (i.e. brass, granite, marble) Installation of memorial to be undertaken by: