

PRINCIPAL OFFICE:8 Elizabeth Street, Maitland
Telephone (08) 8832 0000**ALL CORRESPONDENCE TO:**PO Box 57, MAITLAND, SA 5573
Fax (08) 8853 2494
Email: admin@yorke.sa.gov.au
Website: www.yorke.sa.gov.au

SF235 APPLICATION FOR A CEMETERY HEADSTONE OR MEMORIAL	SF235
	Responsible Officer: Property Tenure Officer
	Issue Date: 15/12/2016
	Next Review Date: December 2017

Subject to the rules and regulations of the _____ Cemetery

MONUMENTAL MASONI/We _____
(Business Name)_____
(Address and Telephone No.)**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 please)

FULL NAME OF DECEASED: _____

Date Deceased _____ Site Location: _____ Section _____ 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: _____
(Monument 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 was issued.
- Am the legal representative of the Interment Right Holder.

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

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 understand that if the headstone or memorial is not removed within two years of the **Interment Right** for the site expiring, the cemetery authority 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 Yorke Peninsula Council of any change to my address.**

Before Me _____
(Signature of witness)

Witness _____
(Please print name of Witness)

(Signature of Interment Right Holder / Legal representative)

YPC OFFICIAL USE ONLY:	Date:	
Site location: Section	Row / Road	No.
Interment Right No.:	Expiry Date:	
Permit Number:	Authorised By:	