

Application to Establish or Alter a Memorial or Place of Interment

OFFICE USE
Reference No:
Location:
Receipt No:
Approval No:
Memorialists Ref. No:

Instructions for completing this form

1. Sections A and B1 are to be completed in all cases
2. Section B2 is to be completed if the Applicant is **not** the holder of the Right of Interment
3. Section C is to be completed in all cases
4. Section D is to be completed in all cases
5. The completed Application Form must be accompanied with payment of the relevant Cemetery Trust fee.
6. Any supporting documentation to the application should be attached to this Application Form

NAME OF CEMETERY:

(Section A)

Monumental Mason/Person Conducting Works

Business Name: _____ Representative: _____

Address: _____

Phone Number: _____ email: _____

Acting as agent on behalf of and with authority of the Holder of the Right of Interment hereby apply for approval for: *(Tick appropriate box)*

- Additional Inscription;
- Plaque – is base to be included Yes No
- Renovation of Monument;
- New Headstone and Base;
- Headstone, Kerb and Ledger/or Concrete Top and Chips; Cemetery Fee: \$
- Chapel, Kerb and Ledger or Concrete Top and Chips;
- Chapel, Canopy, Kerb and Ledger;
- Other (Specify)

On the site of the late _____

Site Location _____

I agree that such works are to be carried out in accordance with the provisions of the *Cemeteries and Crematoria Act 2003*, *Cemeteries and Crematoria Regulations 2005*, the Australian Standard AS 4204 – 1994 as a minimum, *Occupational Health and Safety Act 2004*, the plans and specifications attached to this application and in compliance with any directions of the Trust at no cost to the Trust, as detailed on the Trust's approval. I accept that the cemetery Trust may cancel the approval at any time if the terms and conditions of the approval have not been complied with. I understand I may be asked for proof of current licenses, third party and indemnity insurance.

Signature of Monumental Mason: _____ Date ____ / ____ / ____

(Section B)

(B-1) Applicant Details

Name of person making this application: _____

Address: _____

Are you the Holder of the Right of Interment? Yes (if Yes, go to Section C1) No (If No, go to Section B-2)

(B-2) If no, provide the details of the Holder(s) of the Right of Interment, and answer the following questions.

Name:

Address:

Telephone:

Has the Holder of the Right of Interment been informed of this application? Yes No

If no, please provide reasons why.

If yes, does the Holder of the Right of Interment consent to this application (written permission required)? Yes No

A Statutory Declaration and (where available) other supporting documentation will be required where the Applicant is not the Holder of the Right of Interment.

(Section C)

(C-1) Declaration by the Applicant who IS the Holder of the Right of Interment

I consent to the work described in this application being carried out and declare that the information in this application is true and correct. I understand the Trust may need to contact me directly to confirm details such as grave location or application details, and I acknowledge that I have a responsibility to maintain the memorial/place of interment in a safe and proper condition once completed and to keep the Trust advised of any change in my contact details.

Signature of Applicant and Holder of the Right of Interment: _____ Date: ____ / ____ / ____

(C-2) Declaration by the Applicant who IS NOT the Holder of the Right of Interment

I declare that the information in this application is true and correct. I understand the Trust may need to contact me directly to confirm details relating to this application.

STATUARY DECLARATION IS ATTACHED Yes No

Signature of Applicant: _____ Date: ____ / ____ / ____

PRIVACY STATEMENT

Any personal information you provide in your application will be treated in accordance with the principles set out in the *Information Privacy Act 2000*. You are able to request access to the information that we hold about you, and to request its correction if necessary.

The information you provide to us is required to help us process your application and notify you of matters concerning it. We also need the information to perform our functions, comply with our obligations and exercise our rights under the *Cemeteries and Crematoria Act 2003*. Except for information you are required under that legislation to submit with your application, you are not obliged to provide any personal information. However, should you choose not to provide this information, we may not be able to process your application or provide the services to you for which the information is required.

We may also want to use and disclose the information for the purpose of providing you with information about memorialisation goods and services. If you do not want us to use the information for such purposes please tell us:

I do not wish to receive information about memorialisation goods and services

Under the *Cemeteries and Crematoria Act 2003*, we also are required to keep records containing certain information regarding interments, cremations and rights of interment. Members of the public are entitled to have access to those records.

(Section D)

This Application Must Include:

- Detailed plans and specifications drawn to scale and fully dimensioned. The scale is to be specified and descriptions are to be provided in block letters in English.
- Details of all materials to be used and surface finishes.
- Details and dimensions of ornaments and attachments to the memorial.
- Details and dimensions of dowel holes and dowels, including materials to be used and fixatives.
- A copy of the inscription.
- A translation in English in block letters must also be included if the inscription is to be in another language.

The Following Dimensions Must Be Supplied – (if applicable)

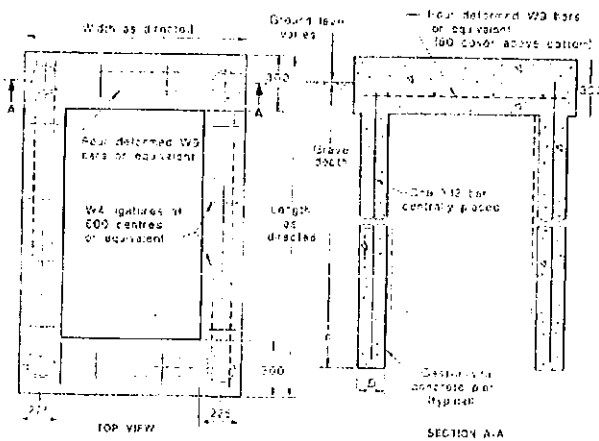
OVERALL DIMENSIONS -

Height: mm
Length: mm (Ashlar measurements are to be included)
Width: mm (Ashlar measurements are to be included)

The Trust reserves the right to cancel the approval and/or direct that the memorial/place of interment be modified or dismantled and removed where:

- The stated dimensions on the application or the memorial/place of interment as constructed are not in accordance with rules, regulations or directions of the Trust.
- The memorial/place of interment is not constructed in the exact position as directed by the Trust.
- Monumental construction works are not completed within 12 months of the date of the approval.
- Or as directed by the Trust

MINIMUM FOUNDATION REQUIREMENTS OR AS DIRECTED



Foundation type	Description	Weight of monument— 1 to 1 tonnes		Weight of monument— 2 to 3 tonnes		Weight of monument— less than 2 tonnes	
		D mm	F mm	D mm	F mm	D mm	F mm
Sands gravels	Medium sand or gravel	150	600	150	100	150	100
	Dense sand or gravel	150	300	150	100	150	100
Clays	Firm	150	200	150	200	150	300
	Stiff	150	400	150	200	No piers required	No piers required
	Very stiff to hard	150	100	No piers required	No piers required	No piers required	No piers required
Rock	Highly to moderately weathered	150	100	No piers required	No piers required	No piers required	No piers required

FIGURE 3.1 MINIMUM FOOTING REQUIREMENTS

N.B. Dowels: 9mm or 12mm deformed stainless steel, brass or bronze bar to be used, depending on stone to be jointed, i.e. granite marble. Foundations to be left a minimum of three days before monumental work is erected thereon.

PLANS

(To include front elevation, side elevation & rear elevation)

Inscription	Translation

Name of translator and contact details:

CEMETERY OFFICE USE:			
Application approved/not approved on the		by the Trust's representative	
Subject to the following special conditions:			
<ul style="list-style-type: none"> • Foundations to be as per above requirements or as directed • Other (specify) 			
Date of commencement	/	/	Signature
Date memorial delivered	/	/	Signature
Date memorial installed	/	/	Signature
Date of foundation inspection	/	/	Signature
Date(s) of construction inspection	/	/	Signature
	/	/	Signature
Date of completion of memorial/ place of interment	/	/	Signature

State of Victoria

Statutory Declaration

I, _____
[full name]

of _____
[address]

_____, do solemnly and sincerely declare that:-
[occupation]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____

this _____ day of _____ 20_____

.....
Signature of person making this declaration
[to be signed in front of an authorised witness]

Before me,

.....
Signature of Authorised Witness

The authorised witness must print or stamp his or her name, address and title under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958* (as of 1 January 2010), (previously *Evidence Act 1958*), (eg. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)