## **Application for Memorial Works / Installation Permit**

For monumental, lawn, in all Livingstone Shire Council Cemeteries



**ABN** 95399253048

**Telephone** 1300 790 919

Email:

cemeteries@livingstone.qld.gov.au

PRIVACY NOTICE: Livingstone Shire Council is collecting your personal information to provide the requested service and to update Council's records.

This form is to be completed when maintenance work / erect or install a memorial / install plaque at a Livingstone Shire Council's cemetery. Application must be submitted two days before relative activity. Contact Cemeteries on cemeteries@livingstone.qld.gov.au for further information.

cemeteries@livingstone.qia.	gov.au for fu	irtner information.						
Section 1 – Cemetery loca	tion							
Cemetery Location	□ Yeppoon □ Emu Park □ Capricorn Coast Memorial Gardens (CCMG) □ Cawarral □ Joskeleigh							
Section:	□ Lawn (CCMG) □ Monumental							
Burial Site:	Row: Plot No: ('the burial site')					burial site')		
Name of Deceased:				Date of Last Inurnment:				
Section 2A – Details of W	ork (Please	tick applicable box	or boxes)					
Lawn Cemetery		Monumental Cemetery		Columbarium / Remembrance Wall				
☐ Single Plaque Install		□ Single Plaque Install		☐ Single Niche Plaque Install				
☐ Double Plaque Install		□ Double Plaque Install		☐ Double Niche Plaque Install				
☐ Granite Memorial Install	(CCMG	☐ Headstone Instal	I	□ Rememb	orance Memorial Plaque			
Only)		☐ Grave Cover Inst	all					
		☐ Memorial Beam I	Install					
		☐ War Memorial						
Section 2B – Maintenance a	and Repairs							
Lawn Cemetery	Monumental Cemetery		Columbarium / Remembrance Wall		Ashes Gardens			
☐ Plaque Repairs/	☐ Plaque Repairs/ Additions		☐ Plaque Repairs/ Additions		☐ Plaque Repa	airs/ Additions		
Additions	☐ Monument Repairs		☐ Other		☐ Other			
☐ Monument Repairs ☐ Other	☐ Grave Cleaning							
	☐ Other	□ Other  Details (Not applicable to installation of a plaque in the lawn ce			41	!! \		
<b>Description of Work:</b> Please specifications for the monumer			footings, elevations and drav	ving detailing	the work. Be sui	re to include		
		•						
Section 3 – Applicant Detai								
Are you the Holder of Buri  ☐ Yes (please skip to the H	_	al Rights Retails sect	ion below)					
☐ No (please complete the	applicant de	tails section and the l	Holder of Burial Rights Detai	ls section be	ow)			
Applicants Name								
Residential Address								
Postal Address								
Contact Number								
Email:								

Section 4 - Burial Right Ho	der		
Full Name:			
Residential Address:			
Postal Address:			
Contact Number:			
Email:			
Section 5 – Monumental St	one Mason / Contractor		
Business Name:			
Name:			
Postal Address:			
Contact Number:			
Email:			
Section 6 - Public Liability statement must be provide	nsurance (Please note a copy of the stonemason/contractor's d.)	public liability	/ insurance and indemnity
Name of Insurer:	Po	olicy Number:	
Policy Limit:	Ex	cpiry Date:	
rights:  ☐ Proof of ID of the holder of ☐ Designs for the proposed If you are not the holder of ☐ Proof of ID of the applicar ☐ Evidence of permission re relatives of the holder of burid ☐ Designs for the proposed Monumental Stonemason/o	burial rights: t or next of kin. ceived from the holder of burial rights to install this memorial, or eval rights to install this memorial. memorial. Contractor to provide: c liability insurance and indemnity statement for monumental sto	vidence of permi	ission received from all living
I. undersigned applicant	declares:		
,	to authorise the application or where applicable. I have been	n given the aut	thority to act on behalf of
-	's fees require payment before commencement of works;		
d) I agree and understa gravesites. I will wor other existing grave	gree to the Councils Cemetery Policy and Procedure; nd that in some Cemeteries slight inaccuracies might be fou k within these anomalies, within the defined area, ensuring t s. Under no circumstances are the surrounding graves to be ork before pouring of concrete and on completion of works.	and in the space to square up the interfered with	cing and alignment of ne site to match it with the h. Council may require
Name:		Date:	
Signature:		l .	
Section 9 - Submission a	nd Payment Options		

Refer to Council's Current Fees and Charges for details.

Payment must be made when the form is submitted – forms will not be processed until payment is received



MAIL - Make your cheque/money order payable to Livingstone Shire Council and mail to PO Box 2292, Yeppoon QLD 4703.



IN PERSON -You can pay this account at any of Council's Customer Service Centres:

Yeppoon (Town Hall, 25 Normanby Street or Emu Park (Library), 7-9 Hill Street