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MONUMENTAL APPLICATION FORM

APPLICANT'S FULL NAME:

ADDRESS: _____

_____ **TEL:** _____

RELATIONSHIP TO DECEASED: _____

MONUMENT/STONE MASON DETAILS:

ADDRESS: _____

_____ **TEL:** _____

DETAILS OF DECEASED PERSON/S

FULL NAME/S _____ AGE: _____ DATE OF DEATH: ____/____/____

DETAILS OF BURIAL ALLOTMENT/NICHE/GARDEN POSITION

CEMETERY: _____ SECTION: _____ ALLOTMENT: _____ ROW: _____

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PERMISSION for any monumental work on any burial allotment IS REQUIRED

I the holder/rightful successor of a Right of Burial for a burial allotment do hereby consent to the application on this Right.

NAME OF OWNER OF RIGHT OF BURIAL (Purchaser/Executor/Power of Attorney) _____

Signature: _____

MONUMENTAL WORK

Written permission (permit) is required before any work commences within all Council Cemeteries. Contact is to be made BY MONUMENTAL/STONE MASONS with Council's Cemetery Officer (mobile 0407079288) UPON STARTING ALSO ON COMPLETION.

Specifications/detailed works plans and fee must be submitted with all applications before a permit will be released.

Proposed Starting Date: _____

FOR OFFICE USE ONLY

Fee Paid: \$ _____

Reg No _____ Payment Reg _____ Burial Reg _____ Burial Index: _____

Receipt No: _____

Dataworks _____ Map _____ Grantee: Dataworks _____ Hardcopy _____

Date: ____/____/____

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

By completion of this form you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

T:Forms/Operations/Monumental Application Form/Version1

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