



**THORAK REGIONAL CEMETERY
APPLICATION FOR MEMORIAL TREE**

(Subject to the Thorak Regional Cemetery Policies)

TRC-FOR-032

I / We(Applicant - Full Name)

Of (Residential Address):

Contact Phone Number: Email Address:.....

**Wish to Apply for an individual Memorial Tree with concrete plinth and standard Memorial plaque
(Bronze 150mm x 120mm in the Courtyard of Tranquility)**

Memorial Tree No:..... Plot number 1 2 3 4 (please circle)

Relationship of Applicant to Deceased:

Full Name of Deceased:

Date of Death: Date of Birth..... Date of Cremation.....
(if applicable)

Place of Cremation.....

Inscription Wording: Please list all words to be placed on memorial (Up to eight lines)
(English translation is required if foreign language is to be used)

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.....
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.....

Interment Detail if applicable

Proffered Date to Inter Ashes.....Preferred Time to Inter Ashes.....

Who will be conducting the Interment?.....

Note: If deceased was cremated elsewhere other than Thorak Regional Cemetery, you are required to supply a copy of the cremation certificate, prior to interment.



I/We Declare that: (please tick)

- am the Executor of the Deceased's estate
- am the Deceased's Spouse or Defacto
- am the Deceased's Parent or Legal Guardian / Child or Children / Sibling or Siblings / Other (A Stat Dec stating that they agree with the wording and installation of the memorial is required by the second parent, all children and siblings if applicable or put the application in all names and all sign)
- have the Authority for the use of the grave or hold the rights to the grave
- I consent to the work described in this application being carried out and declare that all the information given is correct
- As owner of this memorial I acknowledge that I have responsibility to have it constructed in accordance with the provisions of Australian Standards AS 4204-1994 and the Thorak Cemetery Board and thereafter to maintain the monument in thorough order and condition and if I do not, the Board has the right to remove it and to recover costs in doing so from me as a dept payable on demand.
- I also acknowledge that it is my responsibility to advise of any change of address.
- I do agree to indemnify and hold blameless the Board against any claims, actions, liability, loss, damage or expense arising to or against the Board in respect to the memorial, the condition or repair of or damage to the memorial, or the removal of the memorial occurring at any time after the installation of the monument.

Signature of Applicant: _____
Date / /

Signature of Witness: _____
Name of Witness _____
Address of Witness _____

Contact phone number _____


PLEASE TICK THE RELEVANT FEE APPLICABLE

- \$ _____ Memorial Tree including concrete plinth and standard plaque
- \$ _____ Each extra memorial plinth and standard plaque (up to 4 permitted per tree)

PLEASE TICK THE RELEVANT FEE IF APPLICABLE

- \$ _____ Interment fee
- \$ _____ Administration fee
- \$10.00 _____ Exclusive right of burial fee
- \$ _____ Total payable

PLEASE TICK THE RELEVANT PAYMENT METHOD:

- FUNERAL DIRECTORS ACCOUNT CASH CHEQUE (No: _____)
- BPAY  Biller code: 489 088 REFERENCE NO: Refer code on bottom of Invoice
- CREDIT CARD Please debit my: MASTERCARD or VISA (Please circle relevant one)

CARD NO: _____ / _____ / _____ / _____ EXPIRY DATE: ____ / ____

SIGNATURE:

If you have any queries in regard to memorial permits, please contact the Cemetery Office on (08) 8947 0903.
 Or email to council@litchfield.nt.gov.au or lodge at the Cemetery Office at 95 Deloraine Rd Knuckey Lagoon NT 0828
 PO Box 446 Humpty Doo NT 0836

Office Use Only

Date Processed:
 Operator Name:

Receipt No:
 Authority No: