



Thorak Regional Cemetery Application For Memorial Permit 2024/2025

(Subject to the Thorak Regional Cemetery Policies)

TRC-FOR-013

I (Applicant - Title & Full Name)

The applicant must be the decision maker or hold the rights to the grave.

Of (Residential Address):

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

Wish to Apply for:

- Monument Date of Interment / / (A minimum of 12 months must pass)
- Plaque Headstone
- Installation of additional wording or items Yes No
- If replacing an existing memorial, do you require it returned Yes No

Full Name of Deceased:

Residential Address prior to death.....

Date of Death: / / Grave Location: Section No:..... Extra Depth Yes No

Relationship of Applicant to Deceased:

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

Line 1.....

Line 2.....

Line 3.....

Line 4.....

Line 5.....

Line 6.....

Motif of choice.....Location..... Border Design.....

Dimensions of Memorial:

Height:mm Width:mm Length:mm Depth:.....mm

Other works dimensions (i.e. border works).....

Memorial materials are made of (ie: brass, granite, marble):

Installation of Memorial to be undertaken by:

Attach or draw a diagram of Memorial:



I/We Declare that: (please tick)

- am the Executor of the Deceased's estate.
- am the decision maker/senior next of kin for the deceased.
- have the Authority for the use of the grave or hold the rights to the grave.
- are you aware of anyone that may object to the installation or wording of the memorial? No If Yes please provide details
- 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 4204-2019 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 contact details.
- I also acknowledge that only the items and or Memorial listed on this Memorial application will be installed on the grave and if any changes are made, I will notify the Cemetery and complete a new application if required.
- 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.
- I am aware that it is the exclusive right holders responsibility to remove any existing monument to allow digging for 2nd interments.

Signature of Applicant: _____
Date / /

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

Contact phone number _____

PLEASE TICK THE RELEVANT MEMORIAL PERMIT FEE APPLICABLE

- \$166 Plaque Section
- \$279 Headstone Section
- \$413 Monument Section
- \$240 Memorial Bench

PLEASE TICK THE RELEVANT INSTALLATION/REMOVAL FEE IF APPLICABLE (If installation is being done by Thorak Staff)

- \$164 Plaque \$164 Concrete Pillow \$164 Removal \$164 Re-installation of new plaque **(each)**
- \$686 Installation of Approved Memorial bench by Thorak Staff

PLEASE TICK THE RELEVANT SALES APPLICABLE & ENTER PRICE (If being supplied from Thorak Staff)

- \$ _____ Plaque
- \$198 Concrete Pillow/Slanter - small 135 x 360 x 340 mm **OR** large 150 x 590 x 420 mm (please circle)
- \$ _____ Minus 10% discount for Litchfield residents with **(proof of residency)**
- \$ _____ Total payable

PLEASE TICK THE RELEVANT PAYMENT METHOD:

- FUNERAL DIRECTORS ACCOUNT CHEQUE (No: _____)
- BPAY Biller code: 489 088 REFERENCE NO: Refer code on bottom of Invoice once issued.
- 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