



**THORAK REGIONAL CEMETERY
APPLICATION FOR MEMORIAL PERMIT**

(Subject to the Thorak Regional Cemetery Policies)

TRC-FOR-013

I / We(Applicant - Full Name)
The applicant must have the Authority for the use of the grave or hold the rights to the grave.

Of (Residential Address):

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

Wish to Apply for:

Monument (A minimum of 12 months must pass before a monument can be erected)

Plaque Headstone

Other work
(Please describe)

Full Name of Deceased:

Date of Death: Grave Location: Section No:.....

Relationship of Applicant to Deceased:

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

.....
.....
.....
.....
.....
.....

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:
Installation of headstones and monuments must be undertaken by a qualified stonemason, cemetery staff can install plaques and slope's (fees apply).

Diagram of Memorial:



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.
- 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	
<input type="checkbox"/> \$143	Plaque Section
<input type="checkbox"/> \$241	Headstone Section
<input type="checkbox"/> \$357	Monument Section
PLEASE TICK THE RELEVANT INSTALLATION FEE APPLICABLE (If installation is being done by Thorak Staff)	
<input type="checkbox"/> \$142	Plaque / Pillow/Desk tablets
<input type="checkbox"/> \$142	Removal and or/re-installation of new plaque
PLEASE TICK THE RELEVANT MEMORIAL SALES APPLICABLE & ENTER PRICE (If being supplied from Thorak Staff)	
<input type="checkbox"/> \$ _____	Plaque
<input type="checkbox"/> \$ _____	Concrete Pillow/Slanter
<input type="checkbox"/> - \$ _____	Minus 10% Administration Fee for Litchfield residents with (proof of residency)
<input type="checkbox"/> \$ _____	Total payable
PLEASE TICK THE RELEVANT PAYMENT METHOD:	
<input type="checkbox"/> FUNERAL DIRECTORS ACCOUNT	<input type="checkbox"/> CHEQUE (No: _____)
<input type="checkbox"/> BPAY Biller code: 489 088 REFERENCE NO: Refer code on bottom of Invoice	
<input type="checkbox"/> 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: