

Application for Monumental Works

Shire of West Arthur
PO Box 112
31 Burrowes Street
Darkan WA 6392
T: (08) 9736 2400
E: shire@westarthur.wa.gov.au



Application Number _____ Date Received _____ Receipt Number _____

DECEASED DETAILS

Surname _____

Other Names _____

GRAVE / NICHE DETAILS

Denomination _____ Section _____ Number _____

Previous Grant Number (if previously granted) _____ Grant Expiry _____

APPLICANT DETAILS

Surname _____

Other Names _____

Address _____

Telephone Number _____

Email Address _____

DECLARATION

I hereby certify that I am authorised as / by the holder of the Grant of Right of Burial for the abovementioned Grave and approve erection of the memorial detailed herein.

Signature of Applicant _____ Date _____

DETAILS OF MASON (or Person erecting Monument)

Name of Firm _____

Contact Name _____

Telephone Number _____

Email Address _____

Plans provided are to:

- Install a new memorial
- Add a further inscription
- Renovate or add further

Please provide details of the following insurances.

	Insurers Name	Policy Number	Expiry Date
Public Liability	_____		
Professional Liability	_____		
Workers Compensation	_____		

Signature of Applicant _____ Date _____

I certify that the monument meets all conditions stipulated in the Cemeteries Act and Regulations.

Before submitting this application, please make sure you have included the following:

- Detailed plan/drawing of the monument with measurements
- Wording to be placed on the monument
- Details and dimensions of proposed foundations
- Application Fee

OFFICE USE ONLY

Application Received	_____	Approved	_____	Initials	_____
Invoice	_____	Receipt	_____	Date	_____
Signed on behalf of the Shire of West Arthur					
Signature	_____				
Date	_____				