

(PG-FO-610) APPLICATION for CORING OF BEAM

CEMETERY	<input type="checkbox"/> GRIFFITH	TO BE SUBMITTED TO COUNCIL PRIOR TO THE CORING PROCEEDING
	<input type="checkbox"/> YENDA	

Applicant: _____

Address: _____

Town: _____ Phone: _____

APPLY FOR: ☐ Coring of Beam for Vase

on the grave of the late _____

LAWN _____ ROW: _____ NO: _____

I/we **agree** that Council will engage a contractor to carry out the works strictly in accordance with the provisions of the relevant Australian Standard/s and in compliance with the rules, regulations and directions of the Council.

Signature: _____ Date of Application: ____/____/____

Right of Burial Holder: _____

Address: _____

Town: _____ Post Code: _____

Phone: _____ Fax: _____ Mobile: _____

Declare that I: _____

- ☐ Am the person in whose name the Permit to Bury was issued Permit No: _____
- ☐ Am the executor of the estate of the person in whose name the Permit to Bury/Right of Burial was issued
- ☐ Have the written authority of the person, or the executor of the estate of the person in whose name the Permit to Bury/Right of Burial was issued
- ☐ Have the authority for the use of the grave

I consent to the work described in this application being carried out and declare that all the information given is correct.

Signature: _____ Date: ____/____/____

BEFORE ME: _____

Signature of Witness _____ Print Name of Witness _____

Address of Witness _____ Phone: _____

OFFICE USE ONLY

Authorised by: _____ Name: _____ Signature: _____

Date: ____/____/____

Interment Register Number _____ Council's Authorised Officer _____