

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

CEMETERY ☐ GRIFFITH **TO BE SUBMITTED TO COUNCIL PRIOR TO THE**  
☐ YENDA **CORING PROCEEDING**

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: \_\_\_\_\_ 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 \_\_\_\_\_