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## Application for the Placement of Memorial Furniture or Plaque Form

Memorial #: \_\_\_\_\_

Applicants Name	
Address	
Mobile	
Email address	
Name of Deceased	
Date of Birth (Deceased)	
Relationship to applicant	
Reason for commemoration	

### Memorial Details

Type of Memorial	
Description (including proposed materials to be used)	
Proposed Text on Memorial	
Preferred location of the memorial	

I understand that I must meet all fabrication and supply costs.

I understand that following installation the memorial will become Council-owned and Council will meet ongoing reasonable maintenance costs; however, whilst every reasonable effort will be made to extend the life of the memorial, Council cannot guarantee that it will remain at the designated site indefinitely and may at any time remove the memorial without compensation. In doing so, Council will make reasonable efforts to contact the deceased's family prior to removing or relocating the memorial.

Signature of Applicant	Date
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### Office Use Only

Approved by the Chief Executive Officer	Date
Memorial Erected	Date
Register Updated	Date