

APPLICATION FOR MONUMENTAL WORK



— SHIRE OF WILLIAMS —



9 Brooking St
PO Box 96
WILLIAMS WA 6391



(08) 9885 1005



www.williams.wa.gov.au
shire@williams.wa.gov.au

CASHIER HOURS
8:00am - 4:30pm
MONDAY - FRIDAY

NAME OF DECEASED:

AREA & GRAVE NUMBER:

NAME OF APPLICANT:

ADDRESS OF APPLICANT:

TELEPHONE NUMBER:

EMAIL ADDRESS

I hereby certify that I am authorised as/by the holder of the Grant of Right of Burial for the abovementioned grave to approve erection of the memorial detailed herein and I accept that the approval issued will be subject to conditions stipulated in the Cemeteries Act, the Grant of Right of Burial and the Bylaws and Regulations now or hereafter in force.

SIGNATURE

DATE

The Shire of Williams is indemnified against any liability attributed to any incorrect statements or information contained in this form.

DETAILS OF MASON: (THIS SECTION TO BE COMPLETED BY THE MONUMENTAL MASON)

NAME OF FIRM:

QUOTED COST:

ADDRESS:

SIGNATURE OF
MASON

DATE

DO YOU WISH TO:

ADD FURTHER INSCRIPTION

INSTALL A NEW MEMORIAL

RENOVATE OR ADD FURTHER MONUMENTAL WORK

PLANS & SPECIFICATIONS: (NOTE that all plans & specifications of memorials submitted must be carefully drawn, fully dimensioned and all materials specified. All descriptions to be in block letters. All ornaments etc. to be shown and dimensioned. Size of dowels and dowel holes to be specified.)

