Application for Monumental Permit



At		cemete	∍ry
APPLICANT'S DETAILS:			
Full name of applicant:			
Monumental mason:			
Job reference:	Date of application:		
Address:		_	
Phone:	Mobile:		
Fax:	Email:	_	
Is this a revised application? Yes No	Charge to monumental mason	Yes No	
Application fee \$	Payment Enclosed	Yes No	
DECEASED'S DETAILS:			
Full name of deceased:			
Known as:	Date of death:		
Please check with the cemetery office for the correct headstop PLOT DETAILS:	one area.		
Area/Section: Block:	Row:	Plot:	
BURIAL RIGHTS HOLDER:			
The customer MUST be the burial rights holder or the authorion Mr Mrs Mrs Miss Full name: Address:	ised legal representative of the right to	inter into this plot	
Phone:	Mobile:		
Relationship to deceased:	Email:		
Proof of burial rights / authority attached: Yes Burial Rights Holder signature:	Burial Rights certificate number:		
MONUMENT DETAILS:			
Base height: mm Width:	mm Depth	: m	nm
Stone height: mm Width:	mm Depth	: <u>m</u>	nm
Materials used:			
Is this a: New headstone Re-inscription Refurbishment Clean and reback	Re-model Removal		
Proposed date of installation:	Has a booking been made:	Yes No	
Proposed date of unveiling:	Has a booking been made:	Yes No	

SKETCH OF MONUMEN	I AND INSCRIPTION DETAILS:		
ADDITIONAL INFORMATION:			
I, the undersigned state this memo	orial does not contain any offensive or inappropriate	wording that may cause offence.	
Full name:	Signature:		
All Monumental work must adhe	ere to cemetery bylaws and Standards New Zeala	nd Headstones and Cemetery	
Monuments NZS 4242:1995.		•	
	provide in this form will be held and protected by Au		
privacy policy (available at <u>aucklar</u> 1993. Our privacy policy explains h	<u>ndcouncil.govt.nz/privacy</u> and at our libraries and ser how we may use and share your personal informatio	vice centres) and with the Privacy Act n in relation to any interaction you have	
1993. Our privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy.			
OFFICE USE ONLY			
Permit number:	Service Order #	Date:	
Approved by:		Date:	
Digital photo supplied / taken:	Yes No Entered in Assure: Yes No	Date:	
элдиан ригото одрржов у тактоги			
Installation inspected by:		Date:	
Auckland Council Private Rag 92300 Welle	aslay St. Auckland 1142. New Zealand		

Auckland Council, Private Bag 92300, Wellesley St, Auckland 1142, New Zealan-Tel: 09 301 0101 aucklandcouncil.govt.nz