

Application to Install Cemetery Memorial



Application Details

Name		
Address/ City/Town		
Telephone Number <i>(include area code)</i>	Email Address	Fax Number <i>(include area code)</i>

Deceased Details

Surname		
Given Name(s)		
Date of Death	day of	year

Cemetery Plot Details

Name of Cemetery		
Section	Block	Plot
Installation Authorised by Plot Owner/Trustee of Estate <input type="checkbox"/> YES <input type="checkbox"/> NO		
Signature	Date (DD/MM/YYYY)	

Work to be Completed

Please supply any relevant information with your application

Please tick ✓ the applicable box (only TCDC Approved Contractors may undertake the installation of headstone/plaques).

Install: Headstone/Plaque Replace: Headstone/Plaque Amend: Headstone/Plaque

Proposed date for work to commence _____

This memorial has been designed in accordance with conditions listed in the Thames-Coromandel District Council Cemeteries Bylaw 2015 and will be installed in accordance with NZS4242: 1995 New Zealand Standard for Headstones and Cemetery Monuments.

We enclose the following attachments for Council approval:

A diagram of the proposed memorial showing the dimensions and design of the memorial (including front, side and rear elevations) and its material components.

Please tick ✓

A list of all inscriptions and their position on the proposed memorial.

Application Fee Enclosed (refer to Cemeteries Fees and Charges).

To Provide Council with 10 working days notice before installation.

Council to be notified on completion of installation of Memorial/Plaque.

Authorised Person (to carry out work)

Name

Address/
City/Town

Telephone number
(include area code)

Email
Address

Fax

*Office
use only*

PERMIT NUMBER

RECEIPT NUMBER

RECEIPT AMOUNT

\$

ACKNOWLEDGEMENT LETTER ISSUED

DATE PERMIT ISSUED

PLOT LOCATION CONFIRMED

INSTALLATION INSPECTED

STAFF MEMBER