

APPLICATION FOR APPROVAL TO ERECT A HEADSTONE OR SLAB 2025-26

Monumental Mason Details

Name _____
Address _____ P/Code _____
Telephone _____ Date of Application _____
Cemetery _____ ☐ Lawn Section ☐ Monumental Section
Grave of the late _____

Application to carry out the following work

☐ New monument ☐ Renovation or repair
☐ Additional inscription ☐ Other _____
Headstone - Height _____ Width _____ Depth _____
Slab - Height _____ Width _____ Depth _____
Anticipated date of work _____

- ☐ I agree that such works will be carried out strictly in accordance with the provisions of the relevant Australian Standard/s and in compliance with the rules, regulations and directions of Parkes Shire Council
☐ I agree to submit this Application a minimum of five (5) working days prior to commencing work
☐ I understand that memorials and adornments need to adhere to Council regulation

Signature _____ Date _____

Owner of Burial Permit/Executor (*this is NOT the monumental mason/funeral home*)

Name _____
Address _____
Telephone _____
☐ I am the person in whose name the Burial Permit was issued
☐ I am the executor of the estate of the person in whose name the Burial Permit was issued
☐ I acknowledge my responsibility to keep Parkes Shire Council advised of any change in my contact details
Signature _____ Date _____
Witness _____ Date _____

Note: Please provide all the details required. Incomplete or illegible information may lead to delays.

OFFICE USE ONLY

Cemetery _____ Row _____
Section/Niche _____ Plot _____
Approved ☐ Yes ☐ No _____ (Signature) _____ Return email ☐ Yes
Amount \$83 Receipt no _____ Receipt date _____