



# Carinya Gardens Cemetery

ABN 17330264425

OFFICE: Cnr White Avenue and Grant Avenue, Mount Gambier

POSTAL: P O Box 56, Mount Gambier SA 5290

Telephone (08) 8725 3099 Fax (08) 8725 9042

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SINGLE/DUAL CONVERSION PLAQUE \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## **FOR OFFICE USE ONLY:**

BURIAL ALLOTMENTS	
PLAQUE	
EMBLEM/PHOTO	
INTERMENT OF ASHES	
VASE	
OTHER	
<b>TOTAL</b>	

CREMATION MEMORIALS	
INTERMENT RIGHT	
RESERVATION	
PLAQUE	
EMBLEM/PHOTO	
OTHER	
<b>TOTAL</b>	

### SIZE OF PLAQUE:

1. BURIAL - 381mm x 216mm FB
2. GRANITE - C229mm x 229mm FB
3. PLINTH - C149mm x 111mm FB
4. ....

**ARE CREMATED REMAINS TO BE INTERRED AT MEMORIAL?**

**YES/NO**

**ARE FAMILY TO BE PRESENT WHEN INTERMENT TAKES PLACE?**

**YES/NO**

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLAQUE ORDER NO: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

OFFICER: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

INTERMENT RIGHT HOLDER OR AUTHORISED REPRESENTATIVE

I, \_\_\_\_\_  
(Full Name)

Of \_\_\_\_\_  
(Address)

DECLARE THAT I (tick those which are applicable)

- am the person in whose name the INTERMENT RIGHT is issued;
- am the executor of the estate of the person in whose name the INTERMENT RIGHT was issued;
- have the written authority of the person, or the executor of the estate of the person, in whose name the INTERMENT RIGHT was issued;
- have the authority for the use of the grave.

I consent to the work described in this application being carried out and declare that all the information given is correct.

I also agree that the wording for the plaque and the dates of birth and death on the reverse of this form are correct.

Signature of Interment Right Holder or Authorised Representative \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

PLEASE NOTE

THIS FORM MUST BE COMPLETED, SIGNED AND WITNESSED PRIOR TO PLACING  
PLAQUE ORDER

Photographs will only be placed on plaques at the sole responsibility of the person ordering the plaque.  
I acknowledge that Council will not be held responsible for any wear/damage to the photograph to be placed on this plaque.

Name: .....

Signature: .....

Date: .....