



# Mount Gambier Cemetery Trust

ABN 17330264425

OFFICE: Cnr White Avenue and Grant Avenue, Mount Gambier

POSTAL: P O Box 56, Mount Gambier SA 5290

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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	
LICENCE	
RESERVATION	
PLAQUE	
EMBLEM/PHOTO	
OTHER	
<b>TOTAL</b>	

**SIZE OF PLAQUE:**

- 1. BURIAL - 381mm x 216mm FB
- 2. GRANITE - C229mm x 229mm FB - Computer Print Out
- 3. PLINTH - C149mm x 111mm FB - Computer Print Out
- 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: \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE NO: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_  
 OFFICER: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

LEASE HOLDER OR AUTHORISED REPRESENTATIVE

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

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

DECLARE THAT I (tick those which are applicable)

- am the person in whose name the LEASE OF BURIAL is issued;
- am the executor of the estate of the person in whose name the LEASE OF BURIAL was issued;
- have the written authority of the person, or the executor of the estate of the person, in whose name the LEASE OF BURIAL 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 Grant Holder or Authorised Representative \_\_\_\_\_

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

PLEASE NOTE

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

PLAQUE ORDERS CANNOT BE PROCESSED UNLESS THIS SECTION HAS BEEN  
COMPLETED.

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

Name: .....

Signature: .....

Date: .....