

Application Memorial Works



Town of
Port Hedland



Applications must be received 28 days prior to date of works
Applications without attached supporting documentation will not be accepted

Section A – Deceased’s Details

Title:	Mr	Mrs	Ms	Dr
Surname:	First Name:			
Date of Death:	Age:		Male	Female

Section B – Memorial Details

Cemetery:	Section:	Plot No:
Type of Work:	New Memorial	Renovation, replacement or additional works
Attached – full dimensional plans, carefully drawn, including; dimenisons, proposed materials, ornaments, exact wording and images on the headstone/plaque, etc.	Documents Attached	

Section C – Applicant’s Details

Title:	Mr	Mrs	Ms	Dr
Surname:	First Name:			
Relationship to Deceased:				
Address:				
Post Code:				
Email:				
Phone:	Mobile:			
Signature:	Date:			

Section D – Contractor's Details

Title:	Mr	Mrs	Ms	Dr
Surname:				First Name:
Business Trading Name:				
Business Address:				
	Post Code:			
Email:				
Quoted Cost (please attach copy of quote):				
Phone:				Mobile:

Please note: the Town may require you to provide evidence that you are the holder of the right of burial to approve erection of the memorial detailed herein.

Section E – Office Use Only

Amount Paid:	Date:	Receipt No:
Record No:	Allocation Number:	
Approved		
Synergy and cemetery maps updated		
All documents provided to the depot for their information		
Signature:	Date:	

Civic Centre
McGregor Street
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Port Hedland, WA 6721

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Port Hedland



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