

## APPLICATION FOR MEMORIAL PLAQUE

### 1. Details of the Applicant

Mr  Ms  Mrs  Other

Given name

Family name

Unit/Street No.

Street Name

Suburb

Postcode

Daytime Telephone

Mobile

Email

Applicant Signature

Date

Relationship to Deceased

### 2. Details of the Deceased

Given Name

Surname

Last Address of Deceased

Date of Birth

Date of Death

Age at Death

Sex (Male/Female)

### 3. Location

Street Address

Suburb

Landmark/Identifying Characteristic

Property ID (Office Use Only):

### 4. Plaque Wording (Plaques are 136mm x 76mm with standard font up to 6 lines of text)

Line 1

Line 2

Line 3

Line 4

Line 5

Line 6

## 5. Borders

Please tick to indicate preferred border. If nothing chosen Border No. 1 will be used

Border No. 1



Border No. 2



Border No. 4



## 6. Privacy Notice

### PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

The information on this form is being collected by Shellharbour City Council for the purpose of providing you with a service. Your personal information will be used by Council staff for the purpose of determining your request. This completed form will be placed on a relevant file and/or saved in Council's electronic records management system. You may apply to Council for access to this information. Requests for correction of your personal information can be made under the *Privacy & Personal Information Protection Act 1998*. Please see Council's **Privacy Management Plan** or contact Council's Public Officer for more information.

## 7. Checklist for Customer Services

Cost of Plot:

Debtor Number (CEM000000)

Application Number

Paid by	CHEQUE <input type="checkbox"/>	EFT <input type="checkbox"/>	CASH <input type="checkbox"/>
Amount \$		Rec. No	
DATE	Mail <input type="checkbox"/>	Counter <input type="checkbox"/>	

## 8. Office Use Only

<input type="checkbox"/> Application Scanned	<input type="checkbox"/> Works Order Completed?
<input type="checkbox"/> Noted in Miscellaneous Accounts	<input type="checkbox"/> W/O Number <input type="text"/>
<input type="checkbox"/> Plaque Ordered from Arrow Bronze	<input type="checkbox"/> Plaque delivered to depot <input type="text"/>
<input type="checkbox"/> Requisition Number <input type="text"/>	<input type="checkbox"/> Family advised <input type="text"/>
<input type="checkbox"/> Plaque Arrived <input type="text"/>	<input type="checkbox"/> Update P&R with Date of Placement
Cemetery Administration Officer <input type="text"/>	Date <input type="text"/>