

Goondiwindi Customer Service Centre: Inglewood Customer Service Centre: Texas Customer Service Centre: (07) 4671 7400 (07) 4652 0200 (07) 4653 2600 Postal: LMB 7, Inglewood QLD 4387
Email: mail@grc.qld.gov.au
Web: www.grc.qld.gov.au

APPLICATION TO INSTALL / RESTORE / UPGRADE A MEMORIAL

Name of Deceased (if a joint headstone is required record both names):	CEMETERY	☐ Goondiwindi ☐	Inglewood	☐ Texas	☐ Yelarbon
DACE OF ICE USE Date of Death Coation	DECEASED &		uired record both nam	es):	
NEXT OF KIN Postal Address: Phone Number: Email: Company Name: Contact: Phone Number: Email: Phone Number: Phone					
Postal Address: Phone Number:		Section	Row		Plot
Phone Number: Email: Company Name: Contact: Phone Number: Email: A fee is payable to the following applications: Install a new memorial (Excludes War grave applications – refer to the section below) Upgrade an existing memorial – Concrete or install slabs to part of or the full surface of grave Adding an additional plaque or rest onto an existing grave NO application fee is applicable to the following: War grave applications Adding a second inscription to an existing memorial Restoration of an existing memorial including replacing existing memorial with a plague General maintenance – cleaning of a memorial, restoring existing inscription, adding extra pebbles, patching and the like PROPOSED DIMENSIONS The applicant must provide Council with the specifications of the requested works including the types of materials for approval – attach details to application. I hereby confirm that the proposed memorial complies with Council specifications for the relevant cemtery and I understand that if it is non-compliant Council may remove the memorial and all costs associated therewith will be my responsibility. PRIVACY NOTICE Goondiwindi Regional council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will not be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. PROPOSED ONLY Fees \$ Date Received: Receipt No:	NEXT OF KIN	Name:			
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Phone Number: Email:		Contact:			
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