

## Permit Application Installation of a Headstone or Plaque

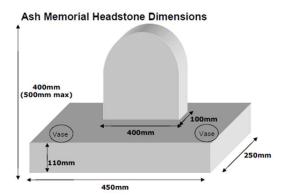
Please email completed form and photo of proposed headstone including dimensions and text to: <a href="mailto:cemeteries@whakatane.govt.nz">cemeteries@whakatane.govt.nz</a>

BURIAL RIGHTS HOLDER	
	purchaser or the authorised legal representative. If you are not the burial rights holder or an authorised legal s are required from all executors or trustees of the original plot purchase/estate.
Full name/Company:	
Address:	
Email:	Phone:
Relationship to deceased:	
I am the burial rights holder for t	he plot listed below:
If <i>No</i> , I have attached Statutory Dexecutors/trustees of the original	
Signature of applicant:	Date:
DECEASED DETAILS	
First Name:	Surname:
Date of Death:	
PLOT INFORMATION	
Cemetery:	
Section:	Plot number:
INSTALLER DETAILS	Because of the health and safety implications of incorrectly installed headstones and memorials, only qualified, experienced monumental masons or pre-approved installers are permitted to install headstones and memorials.
Monumental Mason:	
Address:	
Contact number:	Email:
DETAILS OF HEADSTONE	All headstones and plaques must conform to the specifications overleaf and installation must comply with the Whakatane District Council Cemeteries & Crematoria Bylaw.
Date and estimated time of insta	llation:
Materials used:	
Dimensions Height:	Width: Depth:
Photo/Diagram of proposed men	norial attached: 🗆 Yes 🗀 No Please do not submit this form without a photo or proof attached.
If family intend to have an unveiling, please request they contact Council's cemeteries team to advise of the day/time.	
OFFICE USE ONLY	
Plot confirmed: ☐ Yes ☐ N	No Authority over plot confirmed: ☐ Yes ☐ No
Approved by:	
Signature:	Date:



## **Permit Application** Installation of a Headstone or Plaque

All above ground monuments must be installed to the NZ 4242: 2018 standards.



## **Grave Memorial Headstone Dimensions**

