

APPLICATION FORM FOR MONUMENTAL WORK

Subject to the rules and regulations of the cemetery

Date: _____

Application is hereby made for permission to carry our work in the Rookwood General Cemetery Reserve Trust Area (please circle) Anglican / General / Independent / Jewish / Muslim

Section: _____ Grave Number/s: _____

The undersigned must have the necessary authority to carry out work and do hereby agree to all the terms and conditions below and included in the Rookwood General Cemetery Reserve Trust monumental policies and guidelines

Name of Monumental Mason: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Signature of Monumental Mason: _____

CEMETERY MONUMENTAL APPLICATION

In consideration of the Trustees of the Rookwood General Cemetery Reserve Trust ("the Trust") approving my/our application for erection of a monument over the above grave, I/We acknowledge and agree as follows;

1. I/We hereby accept all responsibility for the future maintenance of the monument structure integrity.
2. I/We acknowledge that any future burial in the grave will require an excavation and accept responsibility for any additional costs applicable at the time if the monument restricts the excavation. I/We accept all responsibility for any damage to the monument structure and any fixtures at the time that need to be removed to allow excavation to occur.
3. I/We accept that burials taking place in adjacent graves to the graves owned by me/us may require mats and boards to be placed over my/our monument and soil from the excavated grave placed on the boards.
4. I/We understand and accept the above conditions and the attached guidelines and agree to comply with these conditions and with any current rules of the Rookwood General Cemetery Reserve Trust.

AUTHORITY TO BE SIGNED BY OWNER OF GRAVES

I/We hereby give permission for the work mentioned and in consideration of the Trust permitting the execution of such work on the above grave. I/We the undersigned DO HEREBY INDEMNIFY and hold safe and harmless the Trustees against all action, proceedings, claims, demands, damages, costs, losses, expenses and financial whatsoever which may be made on or institutionalised against the Trust in any manner whatsoever by reason of the Trust.

Name of grave owner: Signature:

Address: Dated:

Name of grave owner: Signature:

Address: Dated:

Name of family or legal representative or agent authorised in writing:

Signature:

Address: Dated:

**All details below are to be completed by the stonemason
Specifications**

Name of deceased:

Date of death: Age at death:

Particulars of work	1	2	3	4	5
Date of Death Only					
Rectify Vandalism					
Additional Inscription					
Extra Inscription					
Minor Renovations					
Major Renovations					
Sloper and/or plaque with inscription					
Headstone and base with inscription					
Plaque Only					
Monument with Inscription					
Half Wings					
Full Wings					
Full and Half Wings					
War Grave					

Sub Total Cost: \$_____

Priority Service **YES / NO**

TOTAL: \$_____

Information: _____

