



Goondiwindi Customer Service Centre: (07) 4671 7400
 Inglewood Customer Service Centre: (07) 4652 0200
 Texas Customer Service Centre: (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

CEMETERY	<input type="checkbox"/> Goondiwindi <input type="checkbox"/> Inglewood <input type="checkbox"/> Texas <input type="checkbox"/> Yelarbon		
DETAILS OF DECEASED & LOCATION	Name of Deceased (If a joint headstone is required record both names):		
	Date of Death (If a joint headstone is required record both dates):		
	Section	Row	Plot
NEXT OF KIN	Name:		
	Postal Address:		
	Phone Number:		
	Email:		
MONUMENTAL MASON DETAILS	Company Name:		
	Contact:		
	Phone Number:		
	Email:		
TYPE OF WORKS <small>Indicate type of works being carried out by ticking relevant box/boxes</small>	A fee is payable to the following applications: <input type="checkbox"/> Install a new memorial (Excludes War grave applications – refer to the section below) <input type="checkbox"/> Upgrade an existing memorial – install slabs or vases to part of or the full surface of grave		
	NO application fee is applicable to the following: <input type="checkbox"/> War grave applications <input type="checkbox"/> Adding a second inscription or plaque to an existing memorial <input type="checkbox"/> Restoration of an existing memorial including replacing existing memorial with a plaque <input type="checkbox"/> 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.		
CONFIRMATION	I hereby confirm that the proposed memorial complies with Council specifications for the relevant cemetery and I understand that if it is non-compliant Council may remove the memorial and all costs associated therewith will be my responsibility. Signature of Applicant: _____ Date: _____		
PRIVACY NOTICE	<i>Goondiwindi Regional council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other person or Agency until you have given us permission or we are required to by law.</i>		
FOR OFFICE USE ONLY	Fees \$	Date Received:	Receipt No:
	Information:	<input type="checkbox"/> Practical <input type="checkbox"/> Map	