

## APPLICATION TO CONDUCT MONUMENTAL OR MAINTENANCE WORK - CEMETERIES

Applies to all Armidale Regional Council cemeteries

1. Applicants Information			
Name of authorised person: <small>(Right of Burial Owner/Next of kin /Contractor)</small>		Company/business:	
Address/town/postcode:			
Contact details	Phone:	E-mail:	
2. Interment Right Details			
Name of deceased:			
Cemetery:	Denomination:	Row no.:	Lot no.:

3. Type of Works	
Minor maintenance or repair work	<input type="checkbox"/> no insurance required
Monumental work/Extensive maintenance)	<input type="checkbox"/> Public Liability Insurance (please attach copy)
Planned Commencement Date:	Completion Date:

4. Conditions:
<p>Only the Owner of an Interment Right (Right of Burial) can authorise monumental or maintenance/repair work. An authorised person must provide proof of authority with this form to act on behalf of the next of kin. A plan of works must be provided with this application. A work site risk assessment must be completed. All monumental works must be undertaken by a certified stonemason and in accordance with:</p> <ul style="list-style-type: none"> <li>• Australian Standard for Monuments and Headstones in Cemetery (AS4204-1994)</li> <li>• Armidale Dumaresq Council Cemetery Operations Policy (POL186),</li> </ul>

### PRIVACY PROTECTION NOTICE

Any personal information that you have supplied to or is collected by Council will only be stored and processed by Council for lawful purposes directly related to the functions and activities of Council. Any personal information supplied will only be disclosed to a third party for the purpose of performing a lawful function and for no other purpose.

### Office Use

Current insurance supplied:		
Notified cemetery caretaker:		
Payment Receipt:	Date:	Officer:

Trim file: ARC16/0825

## 5. Plan and design of proposed work

**Please provide the following:**

- Plan of memorial including overall dimensions, length, height and width.
- Details and dimensions of proposed construction
- Details of maintenance work

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N

## 6. Risk Assessment

Basic task steps	Hazards identified	Initial risk rating	Control measures How will you eliminate, reduce or change the risks?	Revised risk ranking

**How to use this risk assessment form**

1. List each basic step for the job in the table provided.
2. Identify the hazards for each step. Identify the initial risk rating of each step. High risk = 1, low risk = 6.
3. List control measures to eliminate, reduce or change the hazard for a safer workplace.
4. Revise the risk ranking given your control measures, i.e. revised risk should be lower than initial risk rating.

I agree to implement these control measures and any additional measures to maintain a safe work site for workers, pedestrians and vehicular traffic.

Supervisor's signature: \_\_\_\_\_

## 7. Proof of Authority

*Only the holder of an Interment Right can authorise the placement of any monumental works. If you are the authorised person, proof of authority to act on behalf of the Interment Right holder must be provided below.*

I hereby authorise \_\_\_\_\_ to carry out monumental or maintenance works on my behalf as per specifications provided at \_\_\_\_\_ Cemetery.

Deceased Persons Name: \_\_\_\_\_

Interment Right holder Name: \_\_\_\_\_

Interment Right holder Signature: \_\_\_\_\_

### **Where a Registered Owner is deceased**

Next of kin or other blood relatives do not necessarily inherit the rights of the registered holder of an Interment Right. The Crown Lands Act determines that if the Registered Owner is deceased, the Interment Right becomes part of the deceased's estate and may be left in a Will to the executor/beneficiary of the Registered Owner.

Attach a copy of the complete Will

### **When there is no Will – Intestacy**

If there is no will or the will is not valid the estate requires the grant of letters of administration.

Attach a copy of Letters of Administration – Copies of letters of administration can be obtained from the **Probate Division, Laws Courts Building, Queens Square, 184 Phillip Street, SYDNEY NSW 2000** PH: (02) 9230 8133 or Postal address GPO BOX 3, SYDNEY NSW 2001.

Date: \_\_\_\_\_