

## APPLICATION TO CONDUCT MONUMENTAL OR MAINTENANCE WORK – CEMETERIES – Applies to all Armidale Regional Council cemeteries

| 1. Applicants Information   |               |                   |          |
|---|---------------|-------------------|----------|
| Name of authorised person:<br>(Right of Burial Owner/Next of kin /Contractor) |               | 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 a copy of current insurance in the name of those who are undertaking the work e.g. contractor) |
| Planned Commencement Date:             | Completion Date:  |

| 4. Conditions:  |
|---|
| <ul style="list-style-type: none"> <li>• 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</li> <li>• A plan of works must be provided with this application.</li> <li>• A work site risk assessment must be completed.</li> <li>• A declaration must be signed regarding monumental works</li> </ul> |

| 5. Proof of Authority – To be completed by the Interment Right Holder  |
|--|
| <p><i>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></p> <p>I hereby authorise _____ to carry out monumental or maintenance works on my behalf as per specifications provided at _____ Cemetery.</p> <p>Deceased Persons Name: _____</p> <p>Interment Right holder Name: _____</p> <p>Interment Right holder Signature: _____ Date: _____</p> <p><b>Where a Registered Owner is deceased</b><br/>           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.</p> <p><input type="checkbox"/> Attach a copy of the complete Will</p> <p><b>Where a will is not available</b> Armidale Regional Council will accept a signed Statutory Declaration stating the applicant is the next of Kin to the Right of Burial Holder and has the consent of all available direct descendants with whom contact has been possible.</p> |

## 6. 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

↑  
N

## 7. Risk Assessment

| Basic task steps | Hazards identified | Initial risk rating | Control measures<br>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: \_\_\_\_\_

## 8. Monumental Mason Declaration

I, the undersigned;

- Hereby certify the construction of these works will be carried out in accordance with Australian Standard AS 4204-2019 (Headstones and Cemetery Monuments)
- Acknowledge Council may request images and / or inspection of monuments to ensure compliance with Australian Standard AS 4204-2019 (Headstones and Cemetery Monuments)
- Acknowledge Council reserves the right to direct the Company and or the Grantee / Applicant to modify, dismantle or remove the monument at the Companies and or Grantee / Applicant expense from the cemetery where:
  - The monument installed is in contrary to Australian Standard, AS 4204-2019
  - The monument installed is in contrary to the stated dimensions on this application, or the monument is constructed outside the location of the allocated grave.
  - Acknowledge should such work interfere with the reopening of any of the said graves for future interments, I will arrange for such obstruction to be removed 24 hours prior to the time fixed for any such interment.

Signature (Company): \_\_\_\_\_ Date: \_\_\_\_\_

### 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: