1300 136 833 E council@armidale.nsw.gov.au W armidaleregional.nsw.gov.au 135 Rusden Street PO Box 75A Armidale NSW 2350 ABN 63 781 014 253

1. Applicants Information

(Right of Burial Owner/Next of kin /Contractor)

Name of authorised person:



Company/business:

APPLICATION TO CONDUCT MONUMENTAL OR MAINTENANCE WORK -

CEMETERIES - Applies to all Armidale Regional Council cemeteries

Address/town/pos	tcode:					
Contact details Phone:				E-mail:		
2. Interment	t Right Details	S				
Name of deceased	:					
Cemetery:		Denomination:		Row no.:		Lot no.:
3. Essentia	l Requirem	ients				
Monumental work	/Extensive m stractors Lice rance min. \$2	ork (approved only)	Liability Insu	rance (please attack		
4. Condition	ns:					
A plan of vA work sit	works must b e risk assessr	ork. An authorised persor be provided with this appl ment must be completed. signed regarding monum	ication.		y with t	his form
5 Proof of	Authority -	- To be completed by	the Intern	nent Right Holde	ar	
	-	tht can authorise the placem				e authorised
person, proof of auth	ority to act on	behalf of the Interment Rig	ht holder mus	t be provided below.		
I hereby authorise		to ca	rry out mon	umental or mainter	nance w	orks on my
behalf as per specifications provided at Cemetery.						
Deceased Persons	Name:					
Interment Right ho	older Name: _					
Interment Right holder Signature: Date:						
Interment Right. TI	er blood relati he Crown Lar t of the dece	ives do not necessarily inl nds Act determines that if ased's estate and may be	the Register	red Owner is deceas	sed, the	Interment
	xt of Kin to th	rmidale Regional Council vine Right of Burial Holder a possible.				

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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 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:	
Supervisor's signature.	

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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:

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