Application for plaque

Cemeteries

Workflow Plaque Folder 119623

Council agrees that plaque inscription must include the name, age and date of death of the individual. Pursuant to Council Policy 252 - Cemeteries, applicable costs are to be paid in full, on approval of plaque quote and proof.

Doc ID

DECEASED DETAIL	LS								
Surname		First name			Middle names				
Cemetery	Section	Row	Plot/Niche	Cemetery C Lawn	Type O Monumental O	Columbarium			
APPLICATION SUBMITTED BY:									
Title		Surname Gir		Given nam	Given names				
OMr OMrs OMs OMiss									
Postal address					State	Postcode			
Contact number		Email address							
Relationship		Are you the ROI Applicant? If unknown, contact NBRC to confirm Yes O No							
Signature		Date			Date				
APPLICATION PRO	CESS								
 Complete this application Provide high resolution digital images to Council if you are using photographs on plaque Receive proof and costs for plaque from Council Reply to Council with amendments if necessary and/or approve final proof and costs of plaque Make payment of fees due as advised by Council Receive advice from Council that plaque has been installed 									
PLACEMENT DETA	AILS								
Completed Application	NOTE: A representative must be present for the interment of ashes								
LODGEMENT OF YOUR APPLICATION									
MAIL Chief Executive Officer, PO Box 390, Gayndah, Qld 4625									
EMAIL admin@northburnett.qld.gov.au TELEPHONE 1300 MY NBRC (1300 696 272) IN PERSON Visit your local library and customer service centre									
OFFICE USE ONLY									
Information received by		Date and time			NBRC contact officer				



PLAQUE DETAILS						
Single (complete if required)						
C _{Lawn} C _{Niche} C _{Other}	Design no: Size:					
Double (complete if required) C Lawn C Niche C Other	Design no: Size:					
^C 1 st plaque (full plaque with detachable screws)	^C 2 nd plaque (detachable plaque to fit on full plaque design	ı)				
Shape C Standard Rectangle C Oval (lawn	only) Other:					
Colour						
^C Brown ^C Light Brown ^C Pale Pink	3 3					
C Teddy Blue C Trac Blue C Dark Blue	^C Teal ^C Turquoise ^C Green					
^C Violet ^C Black						
	ncy Floral (7) ^O Woven (4) ^O Thick Wove art (15) ^O Star (27) ^O Other:	n (6)				
Photograph / Emblem						
C Left Placement C Centre Placement C Right Placement C Other Placement						
Emblem number: Or Image attached:	If other placement, please describe:					
Photograph Border						
No Border Standard Thick Woven						
Photograph Details Please provide a high resolution photograph in digital format with your application. Note: Use of emblems and photographs may reduce lines available for wording. Custom sizing is subject to available space on the plaque and photo quality.						
C 30mm C 2.5 x 3.5cm C 3 x 4cm C	Custom size:					
	Please order the sequence if using optional lines					
Refer to Worssell Design number for available lines. Please order the sequence if using optional lines. Un-ordered sequences will be ordered automatically starting from Line 1 "IN LOVING MEMORY OF" or "CHERISHED MEMORIES OF" and increasing up to available lines.						
Line: IN LOVING MEMORY OF CHERISHED N	MEMORIES OF C TREASURED MEMORIES O	F				
C Other:						
Line:						
Surname First name	Middle names					
Other						
Line: WHO PASSED AWAY Other:	WAY ON [©] WHO DIED [©] WHO DIED ON					

Line:						
Date of death:		C Date in full	C Nume	erical date 🛛 [©] C)ther:	
Line:						
C Age of C Other:	C Aged	years	C Aged	years and	months	
C Other:						
Line:						
C LOVED AND REMEMBERED ALWAYS IN GOD'S CARE						
Other:						
Line:						
Line:						

PLAQUE LAYOUT

Applicant to complete this section only if necessary i.e. If customer cannot accommodate their requirements above, otherwise attach final plaque proof with completed *Customer Authorisation* to this application