## **Application for plaque**

Cemeteries



Folder 119623 Workflow Pl	laque	Doc ID	Box N	O			
Council agrees that plaque inscript Pursuant to Council <i>Policy 252 – C</i> quote and proof.							
DECEASED DETAILS							
Surname	First name		Middle names				
Cemetery Section	Row Pl	ot/Niche Cemeter	ry Type n ○ Monumental ○	Columbarium			
APPLICANT DETAILS							
Surname		Given names					
Postal address			State	Postcode			
Contact number	Email address						
Relationship	Are you a burial ri	=	erred contact method elephone O Mail	○ Email			
APPLICATION PROCESS							
<ol> <li>Complete this application</li> <li>Provide high resolution digital images to Council if you are using photographs on plaque</li> <li>Receive proof and costs for plaque from Council</li> <li>Reply to Council with amendments if necessary and/or approve final proof and costs of plaque</li> <li>Make payment of fees due as advised by Council</li> <li>Receive advice from Council that plaque has been installed</li> </ol>							
PLACEMENT DETAILS							
Completed Application for Interment?  O Yes  O No		mily wish to be present ease contact Counc	= = =	~ -			
SIGNED							
Signature			Date				
LODGEMENT OF YOUR APPLICA	ATION						
MAIL Chief Executive Officer, PO	O Box 390, Gaynd	lah, Qld 4625					
EMAIL admin@northburnett.qld.gov.au TELEPHONE 1300 MY NBRC (1300 696 272)							
IN PERSON Visit our customer administration offices 8.30am – 4.30pm (closed 11.30am – 12.30pm)							
OFFICE USE ONLY							
Information received by	Date and time		NBRC contact officer				

PLAQUE DETAILS						
Single (complete if required)						
C Lawn Niche Oth	Design no:	Size:				
Double (complete if required)						
<sup>©</sup> 1 <sup>st</sup> side/detachable plate	<sup>◯</sup> 2 <sup>nd</sup> side/detachable	e plate	ons Page)			
Shape						
C Standard Rectangle	ି Oval (lawn on	oly) Other:				
Colour	_					
<sup>○</sup> White <sup>○</sup> Cream	C Pale Pink	<sup>○</sup> Fuchsia <sup>○</sup> Burgundy <sup>○</sup> Re	<sub>e</sub> d			
○ Teddy Blue ○ Trac Blue	O Dark Blue	<sup>○</sup> Teal <sup>○</sup> Turquoise <sup>○</sup> Gr	een			
<sup>ℂ</sup> Violet <sup>ℂ</sup> Brown	C Light Brown	<sup>ℂ</sup> Black				
Border						
Standard (9)	2) <sup>©</sup> Fancy	Floral (7) Woven (4) Thick	Woven (6)			
Roman (2)	(10) CHeart	(15) Star (27) Other:				
Photograph / Emblem						
Centre	Placement Rig	ght Placement Other Placement				
Emblem number: Or In	nage attached:	If other placement, please describe:				
Photograph Border						
No Border Standard	C 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.						
○ 19mm ○ 27mm ○ 30mm ○ 1.8 x 2.4cm ○ 2.5 x 3.5cm ○ 3 x 4cm						
19111111 27111111 30	7.0 X 2.40	311 2.3 X 3.36111 3 X 46111				
LINE SEQUENCE						
•		Please order the sequence if using optional listarting from Line 1 "IN LOVING MEMORY O				
"CHERISHED MEMORIES OF" and increasing up to available lines.						
Lines marked with an asterisk (*) are required.						
Line:  IN LOVING MEMORY OF CHERISHED MEMORIES OF TREASURED MEMORIES OF						
Other:						
Line:						
Surname	First name	Middle names				
Other						
Line:						
WHO PASSED AWAY	WHO PASSED AWA	AY ON $^{igcap}$ WHO DIED $^{igcap}$ WHO DIED	ON			
Other:						
Line:						
Date of death:	Date in full	umerical date Other:				

Line:					
C Age of	C Aged	years	C Aged	years and	months
Other:					
Line:					
C LOVED AND RE	MEMBERED A	LWAYS	© IN GOD'S	CARE	
Other:					
Line:					
Line:					
PLAQUE LAYOUT					
Applicant to comple above, otherwise at	ete this section o tach final plaque	only it nece e proof witl	ssary i.e. If cust n completed <i>Cu</i>	tomer cannot acco stomer Authorisat	ommodate their requirements ion to this application