



Cloncurry Shire Council

FRM – COR1029-03

FORM 3 - APPLICATION FOR INCLINE FOOTSTONE AND/OR INSTALLATION OF PLAQUE

APPLICANT'S DETAILS

Name:	Contact Phone No:
Address:	Contact Fax No:
	Contact Email:

DETAILS OF DECEASED *(Fill in as much detail as possible)*

Surname:		Date of Birth:	
Given Names:		Date of Death:	
Other Names known by:		Date of Burial/ Interment:	
Cemetery <i>(Please Tick)</i> :	Cloncurry Lawn Cemetery	Cloncurry 1 st Cemetery	
	The Afghan Cemetery	The Chinese Cemetery	
	Other:	Unknown	
Comments:			
Signature of Applicant:			Date:

OFFICE USE ONLY

Interment and Installation of plaque - Memorial Wall (Lawn Cemetery) only : YES / NO

Installation only of plaque on Memorial Wall (General Cemetery) only : YES / NO

<i>Installation of Footstone and Plaque</i>	<i>Portion:</i>	<i>Plot/Section:</i>	<i>Grave No:</i>
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Received By (Council Employee Name):

GL for invoicing: 12018110.138

Receipt No:

Invoice No:

Date Paid:

Date:

Employee Signature:

Amount: \$

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