



APPLICATION TO ERECT MONUMENT AT WHANGANUI CEMETERIES

All memorial installations shall conform to NZ 4242 and any final decision is made by the Council

Office Use:

No.:	Received:

I (We) apply for permission to erect the following at

_____ Cemetery: _____

Block: _____ Division: _____ Plot: _____

Description of proposed monument: _____

Material _____ Dimensions _____

Funeral Director: _____

Signature of Applicant: _____

Name of Applicant: _____ (print)

Address: _____

Phone: _____

Office use:

Permit Fee Paid: _____ Date of Approval: _____

Acc No: _____ Approved By: _____

Crem No: _____ Date of Installation: _____
