## **Memorial Permit**



## **Application and conditions of permit:**

- The Applicant is approved subject to the claimed authority listed below
- **Permit Applications** will be assessed under the applicable provisions of the Burial and Cremation Act 1964, and Hamilton City Council's Cemetery & Crematorium Bylaw
- Payment of cemetery fees required Installation of the Memorial cannot proceed until all outstanding cemetery fees relating to the deceased and plot have been paid in full.
- Permit expiry All Memorial Permits will expire 12 months after the date the permit is granted.
- Inscription and design the design proof is to be included with permit application

DEC	EASED'S NAM	E AND LOCA	TION FOR MEN	<u> 10RIAL</u>			
First r	names:			Surname:			
Cemetery (circle)		Ham	Hamilton Park		East	Hamilton West	
Lawn / Area:		Row / Garden:			Plot:		
MON	IUMENTAL MA	<u>ANUFACTUR</u>	EER (The permit fo	ee will be invoiced t	o this co	mpany)	
Company Name:				Permit Date:			
APPL	LICANT'S DETA	<u>AILS</u>					
Full le	egal name:						
Addre	ess:						
Phone	e:		Email:				
Indicate below type of claimed authority.					Cemetery office use only		
[ ]	I am the curren	Holder – as per ce	metery records.		Confirmed on cemetery records? [ ]		
[ ]	I am a monumental manufacturer or funeral director who has done due diligence to determine my client's authority to the above plot. I am fully aware of the ramifications that may arise as my role as the applicant.				n fully	Confirmed person as a mason or FD	[ ]
[ ]	As I am not the current Burial Rights Holder, I have supplied the completed the Cemetery Statutory Declaration and Indemnity to support my authority to arrange this memorial. In doing so I confirm I am aware of the obligations associated within that document.				·m I	Cemetery Statutory Declaration attached?	[ ]
MEN	MORIAL DETA	<u>ILS</u> – all measur	ements to be in mm	1			
Туре	(please tick)	Upright	Desktop/Low-rise	Lawn pl	aque	Garden or Wall plaque	
Material(s):							
				Depth is from fro	ont to ba	ck. Height for plaques is the thicknes	is
Base (where applicable) Width (mm):				Depth(mm):		Height (mm):	
Monument/Plaque Width (mm):				Depth (mm):		Height (mm):	
If a re	eplacement, do fa	amily want old				be collected by days only, after which time it will be dispose	ed of
APPR	OVAL – office us	se only					
Can ii	nstallation proce	ed?	Yes	No	by	Date	
Mem	orial approved o	n delivery	Yes	No	by	Date	
			Ins	stallation approved	d by	Date	

Hamilton Park Cemetery, Private Bag 3010, Hamilton 3240 phone: 07 856 7987 email: <a href="mailto:cemetery.admin@hcc.govt.nz">cemetery.admin@hcc.govt.nz</a>

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