



**APPLICATION TO ERECT MONUMENT
AT WANGANUI 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:

Funeral Director:

Signature of Applicant:

Name of Applicant:

(Print)

Address:

Phone:

Office Use:	
Permit Fee Paid:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Acc No:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Crem No:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Date of Approval:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Cemetery Manager:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>
Date of Installation:	<div style="border: 1px solid black; width: 150px; height: 25px;"></div>