

BRONZE MEMORIAL PLAQUE ORDER FORM

Privacy Statement - Council is collecting your personal information for the purposes of processing your application. Your information will be handled in accordance with requirements under the Information Privacy Act 2009 (Qld) and will not be used for any other purpose and will not be provided to any other entity without your express permission or unless required by law.

- Please read the MSC Cemetery Terms and Conditions and MSC Fees and Charges prior to completing this form.
- Please ensure that all names are spelt correctly in this form.
- Contact Council by phone 1300 308 461 before completing this application and then submit completed application by email: <u>cemeteries@msc.qld.gov.au</u>
- Plaques take approximately six (6) to ten (10) weeks to produce once an order has been placed.

MSC	INTERNAL USE ONLY	MSC Application No:	MSC Doc Set ID No:

Informa	Information about the APPLICANT									
The applicant must be next of kin, personal representative of the deceased or right holder. You may be required to provide proof of your identity and evidence of your authority to make this application.										
Title:		Given Name:		Family Name:						
Phone / Mobile:			Email Address:							
Resider	ntial Address	:								
Mailing	g Address:									

Information about the DECEASED			PERSON 1					
Title:		Given Name:		Family Name:				
Date o	f Birth:		Date of Death:	Sex:	•	Male	٠	Female

Information about the SECOND DECEASED PERSON 2 (if required)									
Title:		Given Name:			Family Name:				
Date o	f Birth:		Date of Death:		Sex:	•	Male	٠	Female

CEMETERY LOCATION						
Dimbulah	٠	Mareeba New	٠	Kuranda	٠	Kuranda Heights

Information about the PLAQUE									
Memorial plaques must b	Memorial plaques must be of brown, bronze construction with maximum dimensions height 279mm and width 381mm								
Plaque Supplier:	Worssell & Co.	Arrow Bronze							

PLAQUE FEATURES:

 Please indicate supplier design number/name and preferred location for each plaque feature, including emblems, borders, sculptures, photos etc. Plaque design may be attached.

 Emblems:

 Special Codes:

 Other Instructions:

Australian Service Emblems - Returned Services persons may have an Australian Service Emblem included on the plaque, however, permission must be obtained from the Commonwealth War Graves Commission. To enable Council to obtain this consent on your behalf, please supply evidence of the military service record of the deceased person.

PLAQUE WORDING

Please PRINT CLEARLY and ensure the inscription is correct as any changes that are made after the proof is received from the Supplier will incur an additional fee for a second proof. Ensure only one letter per
square. Word spaces and punctuation must also each occupy a single square. The line containing the name of the deceased person must be a maximum of 25 characters (as larger type size is used for name).
ine 1
line 2
line 3
line 4
line 5
line 6
line 7
line 8
line 9
line 10
GRAVE NUMBER - Row & Plot (to be fixed to bottom right hand corner of plaque):

Ultraimage Photo	Ultraimage Photo Instructions (Indicate below your preferred location of any emblem/s to be included on the plaque)									
	Left	Middle	Right	Colour:	Colour	Mono-Black/White				
Тор				Size:	• 5 x 7cm	• 7 x 9cm				
Centre				Recess:	Photo recessed with gold trim Photo recessed					
Bottom	Bottom									
	Mareeba Shire Council will obtain a quotation and proof from the supplier and then contact the Applicant to obtain approval and payment of • Yes • No									
fees prior to placeme	ees prior to placement of an official order with the supplier. Does the Applicant wish to be notified when the plaque arrives?									

APPLICANT DECLARATION & SIGNATURE

I declare that I have appropriate authority to submit this application. The information that I have supplied in this application is complete, true and correct. I have read the <u>MSC Cemetery</u> <u>Terms and Conditions</u>. I authorise Mareeba Shire Council to have a Bronze Memorial Plaque prepared and fitted to mark the grave of the deceased person identified on this form.

Signature:

Name:

Date:

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Deceased Name:	Cemetery Location:	Cemetery Section:		Grave No.:	