



LOGAN CITY COUNCIL APPLICATION FOR PLACEMENT OF PLAQUE

Please use **BLOCK LETTERS**

PLEASE READ CAREFULLY

Cemeteries Administration:

Phone: (07) 3412 5400 / 5524

Fax: (07) 3412 3444

SECTION 1 - Stonemason / Applicant Details

Name:	
Postal Address:	
Phone:	
Fax:	

SECTION 2 - Client Details

Name:	
Postal Address:	
Phone:	
Fax:	
Relationship to Deceased:	
Signature:	
Date:	

SECTION 3 - Plaque/Gravesite Details

Name of Deceased: Cemetery/Section/Grave No:	
New or Existing Plaque:	New / Existing
Plaque Details:	
Estimated Date of Completion:	/ /

I hereby certify that the information provided is true and correct:

Signature: _____ Date: _____

OFFICE USE ONLY:		Form Updated 28/04/08
Fee (GST INCLUSIVE):	<input type="text"/>	A/c #: (G) <input type="text"/>
Grave Description:	<input type="text"/>	
Received By:	<input type="text"/>	Date: <input type="text"/> Sexton Copy: <input type="checkbox"/>