



# LOGAN CITY COUNCIL NOTIFICATION OF COMPLETION OF MONUMENTAL WORK

Please use **BLOCK LETTERS**

**PLEASE READ CAREFULLY**

Please find below the details for the completed monument at \_\_\_\_\_ Cemetery.

**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:**

## SECTION 3 - Plaque/Gravesite Details

**Name of Deceased:  
Cemetery/Section/Grave No:**

**New or Existing Monumen:**

New / Existing

**Date of Completion:**

/ /

I hereby certify that the information provided is true and correct. I understand that should my work not be considered to be of the acceptable Australian Standard or different to the plan submitted on application, I will be required to return and amend as directed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Form Updated 30/05/08

Grave Description:

Date:

Sexton Copy:

Received By: