



City of Port Lincoln

Template No 16-71-T2

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606
Postal Address: PO Box 1787, Port Lincoln SA 5606
Email: plcc@plcc.sa.gov.au **Web:** www.portlincoln.sa.gov.au
Telephone: (08) 8621 2300 **Fax:** (08) 8621 2399

File Ref: 16.16.11.2

NORTH SHIELDS GARDEN CEMETERY APPLICATION FOR A CREMATION MEMORIAL

This form is to be submitted with 16-16-T2 Interment Application – Burial Authority

Applicant Name: _____

Postal Address: _____

Phone: _____ Email: _____

Person Responsible for payment of fees (if different to above): _____

Postal Address: _____

Phone: _____ Email: _____

I (the applicant) hereby make an application for the following Cremation Memorial at the North Shields Cemetery:

CREMATION MEMORIAL OPTIONS	MEMORIAL FEES As at 1 st July 2019
<input type="checkbox"/> Standard Memorial with bronze plaque Includes Interment Right, Bronze Memorial Plaque, Base and Interment of Ashes	\$1470.00
<input type="checkbox"/> Bronze Memorial Plaque, Base & Interment of Ashes Interment right previously reserved	\$760.00
<input type="checkbox"/> Alternative Memorial - includes Interment Right and Interment of Ashes (Applicant to supply complete memorial)	\$995.00
<input type="checkbox"/> Bronze Plaque (Replacement plaque)	\$475.00
<input type="checkbox"/> Interment of Ashes	\$285.00
<input type="checkbox"/> Reservation of adjacent site – Interment Right fee only	\$710.00

Applicant Signature: _____ Date: _____

NOTE: Cremation memorials must comply with either of the following dimensions (sizes in millimetres)

STANDARD MEMORIAL	ALTERNATIVE MEMORIAL

