## EASTERN SUBURBS MEMORIAL PARK

cemetery and crematorium

Phone 9661 5655 e-mail: l info@esmp.net.au Fax 9311 3654

|   |                       |                              | on to Erect Masor   |  |
|---|-----------------------|------------------------------|---|--|
|   | Applicable 1 Janua    | iry 2006. Permits are subjec | t to the BCA & the rules and regulation                               | ns of the Trust  |
|   | To the Trus           | tees: Eastern Suburbs N      | Memorial Park <b>Permit No</b>  |  |
|   | Ap                    | plication is hereby made     | to carry out the following works in                                   | :  |
| Section   | Grave No              | Site in name of              |   |  |
| Applicant Print name                                      |                       |                              | being the Holde<br>(circle w  | er/ N.O.K./ Executor/P.O.A.<br>hich is applicable)                       |
| I/We do here by request t works stated in this applic     |                       |                              | Park (hereinafter called the Truste                                   | es) to grant permission for the masonry                                  |
| Name of Stonemason  |                       |                              |   |  |
| Address   |                       |                              |   | (Street)   |
| (Suburb)  |                       | (Post Code)                  | CONTACT PHONE NUMBER  |  |
|   | ainst all legal actio |                              |   | undersigned do hereby indemnify and t or suffered by the Trustees having |
| Dated this  | day of                | 20                           |   |  |
| Holder/ N.O.K. Executor<br>(Sign & circle which is applic | / P.O.A. Signature    |                              | Holder/ N.O.K. Executor/ P.O.A<br>(Sign & circle which is applicable) |  |
| Print Name Print Name                                     |                       |                              |   |  |
| Signature of Witness Signatu                              |                       |                              |   |  |
| Print Name  |                       |                              |   |  |
| Office use only   |                       | Approved by ESMP sig         | natory  | Date   |

Permit No.....\$.....

MASON PLEASE SIGN ALL PAGES

Last updated November 2009 v3 - EFFECTIVE January 2010

Date..... (Please complete page 2)

## Eastern Suburbs Memorial Park Mason Permit Application **Please circle** — **the work that this permit pertains to:**

Monumental Concrete chips Headstone Kerbing Slab Vault/Crypt Inscription Miscellaneous

**English inscription in full including a drawing of any designs or motifs to be included on the headstone or monument:** Please Note: If the inscription is to be written in a language other than English (as indicated below) the inscription must also be written in English in this space and be certified to be an accurate and correct interpretation.

| I certify the above translation of the foreign inscri  | iption below is accurate and correct.            |                                |  |  |
|--|--|--------------------------------|--|--|
| Signature:   | Print Name                                       | Date                           |  |  |
| Foreign inscription in full including a drawing of any designs or motifs to be included on the headstone:<br>Please Note: This inscription must be written in English above and certified that it is an accurate and correct interpretation. |  |                                |  |  |
| Please Note: This inscription must be written in I   | English above and certified that it is an accura | te and correct interpretation. |  |  |
| Please Note: This inscription must be written in   | English above and certified that it is an accura | te and correct interpretation. |  |  |
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