



Cloncurry Shire Council

FRM – COR1029-03

FORM 3 - APPLICATION FOR INCLINE FOOTSTONE AND INSTALLATION OF PLAQUE

APPLICANT'S DETAILS

Name:	Contact Phone No:
Address:	Contact Fax No:
	Contact Email:

DETAILS OF DECEASED *(Fill in as much detail as possible)*

Surname:		Date of Birth:	
Given Names:		Date of Death:	
Other Names known by:		Date of Burial/ Interment:	
Cemetery <i>(Please Tick)</i> :	Cloncurry Lawn Cemetery	Cloncurry 1 st Cemetery	
	The Afghan Cemetery	The Chinese Cemetery	
	Other:	Unknown	
Comments:			
Signature of Applicant:			Date:

OFFICE USE ONLY

Portion:	Plot/Section:	Grave No:
Received By <i>(Council Employee Name)</i> :		
GL for invoicing: 12018110.138	Receipt No:	
Invoice No:	Date Paid:	
Date:	Employee Signature:	
Amount: \$		

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