

PORT AUGUSTA CEMETERY UPGRADE PROJECT PLAQUE ORDER AUTHORISATION

OFFICE USE ONLY

TRIM No:.....

Receipt No:

Date:

ORDER AUTHORITY

Name		
Address		
Home Phone		Mobile
Email Address		

DECEASED DETAILS

Name of Deceased		
Date of Death		
Section	Block	Grave

DECEASED DETAILS

Name of Deceased		
Date of Death		
Section	Block	Grave

DECEASED DETAILS

Name of Deceased		
Date of Death		
Section	Block	Grave

RELATIONSHIP TO DECEASED

Relationship/s	
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CONFIRMATION

CONFIRMATION APPROVAL

I authorise a new name plaque(s) for the above mentioned deceased person(s). I am aware that there will be a charge for the plaques and are to be paid for prior to the plaque(s) being ordered. I understand that the plaque(s) will not be affixed in position at the cemetery until completion of the relevant stage.

Signed:	Date:
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OFFICE USE ONLY

<input type="checkbox"/> Order Received ____ / ____ / ____	<input type="checkbox"/> Paid / Receipt No
<input type="checkbox"/> Invoice Raised - Plaque Cost \$135.00	T97 – W7801.806.550
Plaque Size - 90mm x 65mm	