

WINTON SHIRE COUNCIL
PO BOX 288
WINTON QLD 4735
TELEPHONE: (07) 4657 2666
FACSIMILE: (07) 4657 1342



Application for Lawn Memorial Plaque

Applicant Details

Name: _____

Address: _____

Telephone: _____ Relationship to the deceased: _____

Plaque Detail – Please circle preferred inscriptions, Introduction and lines 3 & 7

First / Second inscription

Roman Catholic/Protestant: _____ Grave Number: _____

Section: _____ Block: _____ Allotment: _____

Line No. 1 IN LOVING MEMORY OF - IN MEMORY OF

Line No. 2 Name of Deceased _____

*(Note: Not to exceed 17 letters)

Line No. 3 Who Passed away - passed away - who passed on - passed on - who died

Line No. 4 Date of Death _____ **Line No. 5** Age _____

Line No. 6 My beloved _____ - close to our hearts

Line No. 7 At rest - peace - RIP - In God's care

Please circle preferred position of inscription: Left Centre Right

It is understood that no other name plate, token, tribute, plant or container shall be erected, planted or placed on any grave in the cemetery, except in accordance with Council policy, and that the cemetery will not be liable for any additions or alterations to the above inscription after same has been inscribed on the plaque except additional lettering in the event of a future interment.

Signed: _____ Date: _____

Please turn over for examples of plaque layouts

**IN
LOVING MEMORY OF**

DECEASED'S NAME	(Line No 2)
WHO PASSED ON (e.g.)	(Line No 3)
DATE OF DEATH	(Line No 4)
AGE	(Line No 5)
MY BELOVED (e.g.)	(Line No 6)
AT REST (e.g.)	(Line No 7)

CENTRE INSCRIPTION

**IN
LOVING MEMORY OF**

DECEASED'S NAME	(Line No 2)
WHO PASSED ON (e.g.)	(Line No 3)
DATE OF DEATH	(Line No 4)
AGE	(Line No 5)
MY BELOVED (e.g.)	(Line No 6)
AT REST (e.g.)	(Line No 7)

RIGHT INSCRIPTION

**IN
LOVING MEMORY OF**

DECEASED'S NAME	(Line No 2)
WHO PASSED ON (e.g.)	(Line No 3)
DATE OF DEATH	(Line No 4)
AGE	(Line No 5)
MY BELOVED (e.g.)	(Line No 6)
AT REST (e.g.)	(Line No 7)

LEFT INSCRIPTION