

Memorials in Public Open Spaces

Application Form - Permanent Memorial

Prior to applying for a permanent memorial, it is a requirement that the applicant review the *Memorials in Public Open Spaces Policy and Fact Sheet*.

For an application to be considered, all questions must be completed fully, with specific examples and supporting information.

The nominated applicant will be the City's first point of contact and reference throughout the application process. It is important to ensure all contact details are provided and updated as necessary. Contact information of the applicant will be treated as confidential; however, the name, address and suburb may be published in the event an application progresses with a report to Council.

Further information

Customer Care Team on 9400 4000 or email info@joondalup.wa.gov.au.

Application details	
Person completing this application	
Mr / Mrs / Miss / Ms / Other:	
Surname:	Given name:
Residential Address:	
Postcode:	
Phone:	Mobile:
Email:	
Relationship to the person commemorated:	
<input type="checkbox"/> Immediate family member. Relationship to the deceased: <input type="checkbox"/> Community group (if applicable). Name of the community group: <input type="checkbox"/> Member of the community. Significance of relationship to the deceased:	
<small>(NOTE: If the applicant is not a family member, it is necessary to obtain written support from a family member and attach it to the application. Please provide the details of the family member who is supporting the application below and ensure that they sign this application)</small>	
Immediate family member supporting application (if different to the applicant)	
Mr / Mrs / Miss / Ms / Other:	
Surname:	Given name:
Residential Address:	
Postcode:	
Phone:	Mobile:
Email:	

Relationship to the person commemorated:

Details of person commemorated

Full name:

Residential address prior to death:

Postcode:

Date of death:

(NOTE: a copy of the death certificate is to be provided with this application.)

Supporting information (additional information may be attached)

Significant contribution to the community

Please describe in specific detail why a permanent memorial should be supported, focussing on the persons significant contribution to the City of Joondalup community.

What was the impact of the persons' contribution to the community?

Was the persons' contribution(s) to the community in a paid or voluntary capacity?

Paid Voluntary Other (please provide information below):

Other – provide details:

Please advise the length of time the person contributed to the community

Less than 2 Years 2-5 Years 5-10 Years 10+ Years

Please provide background of the person and how they passed

Proposed memorial type

- In-ground plaque
 Bench seat and plaque
 Plaque integrated with an existing tree
 New tree planted
 New tree planted with plaque

Text to be included on the memorial plaque:

Proposed memorial location

Memorial location type:
 Park or reserve
 *Road reserve (roadside)

Location details (indicate on map and attach):

*Please note: requests for roadside memorials on road reserves not under the management of the City, shall be referred to Main Roads Western Australia (MRWA) in accordance with their *Roadside Memorials Policy*.

What is the significance of the proposed location for the memorial?

Declaration (all boxes must be selected before submitting this application, unless the statement indicated (*) does not apply.)

I, the applicant, declare:

- the information provided in this application is true and correct.
- I have read, understand, and agree to the terms of the *Memorials in Public Open Spaces Policy* and *Memorials in Public Open Spaces Fact Sheet*.
- I agree to meet all ongoing maintenance requirements and replacement costs, including those caused as a result of vandalism and theft.
- I accept that the City may cause for removal, or disposal, of the memorial should the requirements of the memorial not be met.
- I agree to update the City should my contact details change, and, by not doing so, may result in not being notified of the memorials' removal and disposal.

***If the applicant is not an immediate family member:**

- I have confirmed support of this application, and the specific details of the proposed memorial, in writing with an immediate family member of the deceased and attach the documented support to this application.

Mr / Mrs / Miss / Ms / Other:

Surname:

Given name:

Signature:

Date:

Immediate family member approval (if not the applicant)

Mr / Mrs / Miss / Ms / Other:

Surname:

Given name:

Signature:

Date:

For Office Use Only

Received On (date):

Received by (Print name):