



# SHIRE OF TRAYNING

*Railway Street, Trayning, Western Australia*  
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## APPLICATION TO PLACE A MONUMENT AT KUNUNOPPIN, TRAYNING OR YELBENI CEMETERY

Date of Application .....

Name of Applicant .....

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.....Post Code.....

Telephone.....Fax.....

Name of Deceased .....

Name of Cemetery .....

Grave Number .....

**(1) Description and Measurements of Proposed Monument**  
(Please attach a diagram)

Signature of Applicant .....

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Application approved this ..... day of ..... 20 .....

Fees Paid ..... Receipt No .....

Chief Executive Officer .....