

PROOF OF AUTHORITY FORM

I hereby authorise _____ to carry out monumental works / plaque on my behalf at the _____ Cemetery.

DECEASED PERSONS NAME: _____

AUTHORISING PERSONS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

DATE: ____ / ____ / 20 ____

Only the Grantee (next of kin) or Authorised person can authorise the placement of any monumental works. If you are not the authorised person, proof of authority to act on behalf of Grantee (next of kin) must accompany this form.