

# APPLICATION FOR GRANT OF RIGHT OF BURIAL

## Applicant Details

<b>Applicant Full Name</b>			
<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Telephone</b>		<b>Email</b>	

## Location Details

<b>Section</b>	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Niche Wall
<b>Denomination</b> (Not applicable for Niche Wall)	<input type="checkbox"/> Anglican <input type="checkbox"/> Methodist Uniting <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Non-Denominational	
<b>Plot/Niche Number</b>		

## Fees Applicable

<b>Issue of a Grant of Exclusive Right of Burial – Ordinary Land for Grave – 25 yrs</b>	\$88.00
<b>Issue of a Grant of Exclusive Right of Burial – Ashes – Niche Wall 25 yrs</b>	\$88.00

## Applicant Declaration/Acknowledgement

- I acknowledge that any statutory increase or impositions of fees levied, except for those levied under the *Cemeteries Act 1986* and amendments thereto, which are outside the direct control of the Shire of Gingin after the date of this agreement and relating to the cremation, burial or conduct of funerals charged to and payable to my estate.
- I will be responsible for the payment of all present and future taxes, duties, assessments and outgoings whatsoever including a goods and services, value added or similar broad based consumption tax, whether statutory or local or of any other description which may be assessed, charged or imposed on or in connection with the provision of the Service, and after the date of my death, my estate will be liable for the payment of any such taxes, duty, charge, assessment and outgoing.
- If I make a payment for future tax including a goods and services, value added or similar broad based consumption tax, in connection with the provision of the Service, and that tax is not eventually imposed, the Shire of Gingin will refund the value of any such payment to me or my estate.
- I acknowledge that I can only transfer this Grant of Right of Burial with Shire of Gingin approval and upon payment of the prescribed fee.

<b>Applicant Signature</b>	
<b>Date</b>	



Gingin Cemetery

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## Office Use Only

<b>Fee Amount</b>	\$	<b>Receipt No.</b>		<b>Receipt Date</b>	
<b>Grant No. Allocated</b>			<b>Record No.</b>		
<b>Actions Required</b>		<input type="checkbox"/> Grants Register Updated <input type="checkbox"/> Intramaps Updated <input type="checkbox"/> Location Map Created <input type="checkbox"/> Grant Letter Issued & Coversheeted			