

Gingin Cemetery

APPLICATION FOR TRANSFER OF GRANT OF RIGHT OF BURIAL

Original Grantee Details

Full Name			
Address			
Suburb		Postcode	
Email		Contact No.	

Grant Details

Interment Option	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Niche Wall
Section <i>(Not applicable for Niche Wall)</i>	<input type="checkbox"/> Anglican <input type="checkbox"/> Methodist Uniting <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Non-Denominational	
Plot/Niche Number	Grant Number	Issue Date

Original Grantee Declaration

I, being the holder of the above-mentioned Grant of Right of Burial issued by the Shire of Gingin request the transfer of all my rights under that Grant of Right of Burial to:

New Grantee Full Name			
Address			
Suburb		Postcode	
Email		Contact No.	

Authorisation & Form Submission

Original Grantee Signature		Date	
New Grantee Signature		Date	
Witness Signature		Date	
Name and Address of Witness			

Form Submission

E: mail@gingin.wa.gov.au

P: Shire of Gingin
PO Box 510
GINGIN WA 6503

W: This form is also available to complete online. Visit www.gingin.wa.gov.au

Office Use Only

Fee Amount	\$	Receipt No.		Receipt Date	
Grant No.				Record No.	
Actions List	<input type="checkbox"/> Grants Register updated <input type="checkbox"/> Intramaps updated <input type="checkbox"/> Location Map created <input type="checkbox"/> Grant Letter/Certificate issued and recorded				