

Grantee Details

| | | | | |
|--------------------|--|--------------|--|-----------------|
| Full Name | | | | |
| Address | | | | |
| Suburb | | State | | Postcode |
| Contact No. | | Email | | |

Grant Details

| | | | | |
|--------------------------|--|-----------------------|--|--|
| Grant Number | | Date of Issue: | | |
| Section | <input type="checkbox"/> Anglican <input type="checkbox"/> Methodist Uniting <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Non-Denominational <input type="checkbox"/> Niche Wall | | | |
| Plot/Niche Number | | | | |

Applicant Declaration/Acknowledgement

I, the undersigned, being the person registered as the Holder of the Right of Grant of Burial or authorised by the Grant Holder to act on their behalf in this matter, state that all the information supplied is true and correct and acknowledge that I am relinquishing any rights to the plot for which the above-mentioned grant was issued.

| | | | |
|------------------|--|-------------|--|
| Signature | | Date | |
|------------------|--|-------------|--|

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

| | | | | |
|----------------------|---|--------------------|--|--|
| Refund Amount | \$ | Refund Date | | |
| Grant No. | | Record No. | | |
| Actions List | <input type="checkbox"/> Grants Register updated <input type="checkbox"/> Intramaps updated <input type="checkbox"/> Refund Requested | | | |