



7 Brockman Street, Gingin, Western Australia 6503
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APPLICATION FOR TRANSFER OF GRANT OF RIGHT OF BURIAL

Full Name of Original Grantee: _____

Address: _____

Suburb: _____ Postcode: _____

Grant of Right Burial Number: _____

Issue Date: _____ Receipt No: _____

Grave/Niche Number _____ Section: _____

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

Full Name of New Grantee: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Email: _____

X

Signature of Original Grantee Date

X

Signature of New Grantee Date

X

Signature of Witness Date

Name of Witness Address of Witness

SUBJECT TO:

1. The payment of \$28.00

Receipt No: _____

2. The local laws and regulations now and hereafter in force.

Signed on Behalf of the Shire of Gingin: _____
Chief Executive Officer

Date: _____