

Gingin Cemetery

Application for Grant of Right of Burial

Applicant Details					
Applicant Full Name:					
Address:					
Suburb:				Postcode:	
Telephone:				Email:	
Location Details					
Section:		l Cemetery		□ Niche Wall	
Denomination: (Not applicable for Niche	Wall)	Anglican \square Metho	odist Uniting $\ \square$	Roman Catholic	☐ Non-Denominational
Plot/Niche Number	:				
 See Shire of Gingin Fees & Charges (https://www.gingin.wa.gov.au/budget-fees-and-charges) 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. 					
Applicant Signature:					
Date:					
Office Use Only					
Fee Amount \$		Receipt No.		Receipt Da	ate
Grant No. Allocated			Record No.		
Actions Required		 □ Grants Register Updated □ Intramaps Updated □ Location Map Created □ Grant Letter Issued & Coversheeted 			