

RELINQUISHMENT OF GRANT OF RIGHT OF BURIAL

Grantee Details

Full Name:			
Address:			
Suburb:		Postcode:	
Telephone:		Email Address:	

Grant Details

Interment Option:	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Niche Wall
Section: (Not applicable for Niche Wall)	<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:

Applicant Declaration/Acknowledgement

I, the undersigned, being the person currently registered as the Holder of the Grant of Right of Burial, state that all the information supplied is true and correct and acknowledge that I am relinquishing any and all rights to the plot for which the above-mentioned grant was issued.

Applicant Signature:	
Date:	

Office Use Only

Fee Amount	\$	Receipt No.		Receipt Date	
Grant No. Allocated		Record No.			
Actions Required					