

APPLICATION FOR RENEWAL GRANT OF RIGHT OF BURIAL

Applicant Details

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

Grant Details

Internment 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:

Fees Applicable

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:	

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Office Use Only

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