

APPLICATION FOR TRANSFER GRANT OF RIGHT OF BURIAL

Original Grantee

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:

Fees Applicable

See Shire of Gingin Fees & Charges (<https://www.gingin.wa.gov.au/budget-fees-and-charges>)

Original Grantee Declaration

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

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

Authorisation

Original Grantee Signature:		Date:	
New Grantee Signature		Date:	
Witness Signature:		Date:	
Witness Full Name:			

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Witness Address:	
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Office Use Only

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