

APPLICATION TO TRANSFER/REMOVE ASHES CITY OF BUSSELTON CEMETERIES



All correspondence to:
The Chief Executive Officer, Locked Bag 1, Busselton WA 6280
P: (08) 9781 0444 E: city@busselton.wa.gov.au W: www.busselton.wa.gov.au

Deceased Details:

Given Name :			
Surname:			
Cemetery <input type="checkbox"/> Busselton <input type="checkbox"/> Dunsborough <input type="checkbox"/> Metricup	<input type="checkbox"/> Memorial Drive <input type="checkbox"/> Rose Garden <input type="checkbox"/> Niche Wall <input type="checkbox"/> Burial Plot <input type="checkbox"/> Native Garden <input type="checkbox"/> Contemplation Garden <input type="checkbox"/> Tree	<input type="checkbox"/> Catholic <input type="checkbox"/> Anglican <input type="checkbox"/> OPD <input type="checkbox"/> Lawn <input type="checkbox"/> Other	Section: A B C D E F G H I J K L M Lot No _____

Applicants Details:

Name:		
Address:		
Telephone:		
Email:		
Relationship to Deceased:		
Being the:	Registered Right of Burial Grantee (Copy of Grant to be presented with application) <input type="checkbox"/> Bearer of required authorisation (attached including Statutory Declaration) Name of Original Grant Holder:	
<p>I request the <input type="checkbox"/> ashes <input type="checkbox"/> plaque <input type="checkbox"/> plinth (tick applicable) for the abovementioned person be removed by an authorised officer of the City of Busselton and;</p> <p><input type="checkbox"/> Ashes to be returned to the applicant. (Fee Applies)</p> <p>Collected by: _____ Signature: _____ Date: _____</p> <p><input type="checkbox"/> Ashes to be transferred to another location in the cemetery (Complete Interment of Ashes Form)</p> <p>Applicant Signature: _____ Date: _____</p>		

WESTERN AUSTRALIA
OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005
STATUTORY DECLARATION

I, _____
(Full Name)

of _____
(Address)

in the State of Western Australia, do solemnly and sincerely declare that:

I am applying to the City of Busselton to remove and/or relocation the ashes of the person named below from the Cemetery.

_____ Name of
Interred/Location/Cemetery

The original grantee named below is either deceased, or does not object to the removal and/or relocation of the ashes.

(Full name of Original Grantee)

I am the _____
(State the relationship of the Declarant to the Original Grantee)

I certify that there is no other person with equal or greater interest objecting to the removal and/or relocation of the ashes.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made in the *Oaths, Affidavits and Statutory Declarations Act 2005*

at
(place)

.....
(date)

in the presence of –

.....
(Signature of authorised witness)

.....
.....

(Name of authorised witness and qualifications
as such as witness)

By
(Signature of person making the declaration)