

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

Applicants Details:

Name:	
Address:	
Telephone:	
Relationship to Deceased:	
Being the:	<input type="checkbox"/> Registered Right of Burial Grantee (Copy of Grant to be presented with application) <input type="checkbox"/> Bearer of required authorisation (attached) Name of Grant Holder: _____
I request the ashes/plaque/plinth for the abovementioned person be removed by an authorised officer of the City of Busselton. The ashes/plaque/plinth are to be returned to me _____ or _____ Transferred to _____ (Complete Interment of Ashes Form)	
Signature:	Date:

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

Additional Information:

Estimated Costs Office Use:

Grant of Right of Burial:	
Removal of Ashes	
Re-Interment of Ashes:	
Plaque:	
Concrete Plinth:	
Other:	
Total:	

Office Use Only:

CRM No:		Maps Updated:	
Grant No:		Invoice No:	
Date of Removal/ Transfer:		Removal By:	

Current to 30 June 2022