

APPLICATION TO PLACE A MEMORIAL ON A GRAVE WITH AN EXPIRED GRANT OF RIGHT OF BURIAL



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

This application is for the placement of a memorial on a grave a City of Busselton Cemetery where the Grant of Right of Burial has expired. Under the Cemeteries Act of WA 1986 The City can authorise the placement of a token memorial on a grave where the Grant has expired. The rights to the grave are retained by the City.

PLAQUE SIZE			
<input type="checkbox"/> 145 x 120mm		<input type="checkbox"/> 280 x 120mm	
MEMORIAL LOCATION:			
Cemetery:	<input type="checkbox"/> Burial Plot	<input type="checkbox"/> Catholic	Section:
<input type="checkbox"/> Busselton		<input type="checkbox"/> Anglican	A B C D E F G H I J K L M
<input type="checkbox"/> Dunsborough		<input type="checkbox"/> OPD	Lot Number: _____
		<input type="checkbox"/> Lawn	
Applicant Details and Declaration			
I understand that			
<ul style="list-style-type: none"> the City is permitting the placement of a specific memorial, determined by the City only and that I have no rights to the grave for further burials, ashes interments or memorials other than that specified, I am unable to modify or expand on the memorial ie erect fences, create brick boarders etc, If I want a memorial other than what is specified by the City then a new Grant of Right of Burial will need to be purchased, The specifications of the memorials allowed by the City be limited to either a 145 x 120mm or a 280 x 120mm bronze plaque placed on a concrete plinth manufactured by the City. All costs associated with the memorial to be paid by the applicant prior to installation. The City will have the right to remove the memorial at any time. 			
Applicants Details			
Full Name:			
Address:			
Suburb:	State:	Postcode:	
Telephone:			
Email Address:			
Signature:		Date:	
Wording for Plaque:			

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 place a memorial on a grave for which the previous grant has expired:

Cemetery/Denomination/Area/Grave Number

The original grantee named below is either deceased, or does not object to the placing of a memorial on the grave.

(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 placement of the memorial and I agree to the conditions outlined in the application. (Please include a family tree showing the relationship between the original grantee and the applicant)

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)