APPLICATION FOR PLACEMENT OF A MEMORIAL ON A GRAVE WITH AN EXPIRED GRANT OF RIGHT OF BURIAL

City of Busselton
Geographe Bay

All correspondence to:
The Chief Executive Officer, Locked Bag 1, Busselton WA 6280
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This application is for the placement of a memorial on a grave in 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.

MEMORIAL LOCATION:

Cemetery:			Section:
❑ Busselton	❑ Burial Plot	❑ Catholic	A B C D E F G H I J K L M
❑ Dunsborough		❑ Anglican	
❑ Metricup		❑ OPD	Lot Number: _____
		❑ Lawn	

Applicant Details and Declaration

I understand that

- 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 that what is specified by the City under this application, then a new Grant of Right of Burial will need to be purchased.
- The specifications of the memorials approved by this application are 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 purchase of the plaque and plinth are to be paid by the applicant prior to ordering and installation.
- The City will have the right to remove any non-complying memorials at any time.

Applicants Details

Full Name:

Address:

Suburb:

State: Postcode:

Telephone:

Email Address:

Signature: Date:

Wording for Plaque

Document Set ID: 4353910
Version: 13, Version Date: 08/09/2026

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 undergo minor repairs or renovation to 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 repairs to the 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 repairs of the memorial.

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)

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