APPLICATION TO TRANSFER GRANT OF RIGHT OF BURIAL 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

APPLIC	CATION FOR TRANSFER OF	GRANT	OF RIGHT OF	BURIAL		
CURRENT / ORIGINAL GRANTEE DETAILS						
Full Name:						
Address:						
Suburb: State:		Postcode:				
Cemetery	Memorial Drive		Catholic	Section: A B C D E		
Busselton	Rose Garden		Anglican	Lat Na		
☐ Dunsborough ☐	Niche Wall		OPD	Lot No		
	Burial Plot		Lawn			
	Native Garden					
	Contemplation Garden					
	Tree					
Date of Issue:		Expiry Date:				
Declaration: (Place a single ruled line through the statements that are not applicable and initial all three)						
1. I,being the holder and therefore Grantee of						
the above mentioned Grant of Right of Burial (the Grant), assign all my rights under the Grant to the person named below:						
person numea bele	,,,,,					
2. I,acting pursuant to an Enduring Power of						
Attorney (EPA) over the affairs of the Grantee listed above, assign all my rights under the above						
Grant to the persor	n named below:					
	being either the executor, or a beneficiary					
	of any property held by the late Grantee including the above mentioned Grant, or immediate					
surviving next of kin of the late Grantee, hereby apply for transfer of the grant. (Statutory Declaration to be completed overleaf)						
NEW GRANTEE DETAILS						
Full Name:						
Address:						
Suburb:	o: State:		Postcode:			
Telephone: Mobile:		Fax:				
Email Address:						
Signature of Original Grantee or Applicant:			Date:			
Signature of New Grantee (if not Applicant):			Date:			

Current to July 2024

WESTERN AUSTRALIA

OATHS, AFFIDAVITS AND STATUTORY DECLARATIONS ACT 2005

STATUTORY DECLARATION

l,
(Full Name)
of(Address)
(Address)
in the State of Western Australia, do solemnly and sincerely declare that:
I am applying to the City of Busselton to transfer the Grant of Right of Burial for the following grave/s, of which the previous grantee is now deceased:
(Cemetery, Denomination, Area, Grave Number/s)
(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 transfer of this grant.
I indemnify the City of Busselton against litigation resulting in the transfer of this grant.
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 – By
(Signature of authorised witness) (Signature of person making the declaration
(Name of authorised witness and qualifications as such as witness)

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