

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

APPLICATION FOR TRANSFER OF GRANT OF RIGHT OF BURIAL

CURRENT / ORIGINAL GRANTEE DETAILS					
Full Name:					
Address:					
Suburb:		State:		Postcode:	
Cemetery	<input type="checkbox"/>	Memorial Drive	<input type="checkbox"/>	Catholic	Section: A B C D E
<input type="checkbox"/> Busselton	<input type="checkbox"/>	Rose Garden	<input type="checkbox"/>	Anglican	Lot No _____
<input type="checkbox"/> Dunsborough	<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"/>	Contemplation Garden			
	<input type="checkbox"/>	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:					
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:					
3. I,having been granted Probate of Will and being the executor or a beneficiary of any property held by the late Grantee, including the above mentioned Grant, seek to have the Grant transferred to the name of:					
NEW GRANTEE DETAILS					
Full Name:					
Address:					
Suburb:		State:		Postcode:	
Telephone:		Mobile:		Fax:	
Email Address:					
Signature of Original Grantee:				Date:	
Signature of New Grantee:				Date:	
Signature of Witness:				Date:	
Name of Witness:			Witness Contact Details:		

Current to July 2021