



2 Southern Drive, Busselton WA 6280

**All Correspondence to:**

The Chief Executive Officer

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**APPLICATION TO TRANSFER/REMOVE ASHES  
BUSSELTON OR DUNSBOROUGH CEMETERIES**

**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
	<input type="checkbox"/> Rose Garden	<input type="checkbox"/> Anglican	
	<input type="checkbox"/> Niche Wall	<input type="checkbox"/> OPD	Lot No _____
	<input type="checkbox"/> Burial Plot	<input type="checkbox"/> Lawn	
	<input type="checkbox"/> Native Garden	<input type="checkbox"/> Other	
	<input type="checkbox"/> Contemplation Garden		

**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:
Does the family wish to be present at the Removal/Transfer of Ashes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 on _____ or  Transferred to _____ (Complete Interment of Ashes Form)	
Signature:	Date:

**Additional Information:**


**Estimated Costs:**

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:	