Shire of Kellerberrin

Transfer Grant of Right of Burial

Cemeteries Act 1986, Cemeteries Local Law 2016

Statutory Declarations Act 1959

Original Grantee Details

Note: If the grantee is deceased, only complete name and grant expiry date.

Name of Grantee: _____

Grant Expiry Date: _____

Contact Number: _____

Residential Address: _____

Postal Address (if different from above): _____

Email: _____

Grave Details

Grave/Reserve Number/s: _____

Deceased Full Name/s: _____

Section (tick):

☐ Catholic ☐ Methodist ☐ Uniting Church ☐ Presbyterian

☐ Anglican ☐ Aboriginal ☐ Peoples Church ☐ Roman Catholic

☐ Miscellaneous ☐ Ashes

Declaration

Tick the box(es) that apply:

☐ The current grantee is deceased. (Tick and add your name to the box below)

☐ I, _____, apply to transfer the Grant of Right of Burial for the mentioned grave site/s to the Shire of Kellerberrin. No one with equal or greater interest objects to this transfer. I indemnify Shire against any litigation from this transfer.

Life as rich as the landscape

Address 110 Massingham Street, PO Box 145 Kellerberrin WA 6410
ABN 24 492 250 552
Telephone 08 9045 4006
Fax 08 9045 4437
Email shire@kellerberrin.wa.gov.au
Web www.kellerberrin.wa.gov.au

This declaration is true, and I understand it is an offence to make a false declaration. (Select if original grantee is deceased).

☐ I, _____, as the Grantee of the Grant of Right of Burial for the mentioned grave site/s, assign all my rights to the new grantee below. This declaration is true, and I understand it is an offence to make a false declaration.

New Grantee Details

New Grantee's Full Name: _____

Contact Number: _____

Residential Address: _____

Postal Address (if different from above): _____

Email: _____

Declaration for New Grantee

I acknowledge that any statutory fee increase, except those under the Cemeteries Act 1986 are beyond the Shire of Kellerberrin's control and will be charged to my estate. I will pay any present and future taxes, duties, and assessments related to the services. Upon my death, my estate will be liable for these charges. If I prepay any tax that is not imposed, the Shire will refund the amount to me or my estate. Witness must be listed on: Schedule 2 of Oaths, Affidavits and Statutory Declarations Act 2005

NB: Fee for the Right of Burial transfer is $55 inclusive of GST.

Signature Current Grantee: _____ Date: _____

Signature New Grantee: _____Date: _____

Signature Witness: _____ Date: _____

OFFICE USE ONLY

Officer Name: _____ Officer Signature: _____

Receipt Number:_____ Date Updated: _____/_____/_____