

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.

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: ____/____/____