

Application for the Transfer of a Grant of Right of Burial

Shire of West Arthur
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Cemeteries Act 1986

By virtue of the *Cemeteries Act 1986*, the Shire of West Arthur, in consideration of the sum shown hereunder paid by the payer indicated on behalf of the grantee named in the schedule, hereby transfers the grants to the said grantee the **RIGHT of BURYING BODIES** in that piece of ground within the compartment, section and number on the plan of the cemetery as shown hereunder.

TO HOLD the same to the said grantee for the period of twenty-five (25) years from the date hereof, for purposes of burial only.

This grant is issued subject to all local laws and regulations now or hereafter in force, made, or to be made under the above Act, or any future Act or Acts.

PLEASE NOTE:

If the original Grantee is not applying, this document is to be accompanied by a Statutory Declaration addressing the following points:

- The reason the original Grantee is not applying. (If the original Grantee is alive, written consent must be given for renewal in another name.)
- The relationship of the applicant to the original Grantee.
- Certification that no other person with equal or greater interest in this grave will object to the renewal of the Grant in the applicant's name.
- Indemnifying the Shire against any litigation relating to this renewal.

Schedule

Cemetery – Darkan ☐ or Arthur River ☐

Burial Type – Grave ☐ or Niche ☐

Burial Size – Single ☐ or Double ☐

Denominational Ground: _____

Original Grantee – Name: _____

New Grantee - Name _____

Address: _____

Home/Business Number: _____

Mobile Number: _____

Email: _____

Reservation for (if name known): _____

Sum in consideration: _____

Dollars

Declaration

I hereby certify that as the Applicant for this renewal of the Grant of Right of Burial

- ☐ I am the person in whose name the Grant was issued.
- ☐ I am nominated by the original Grantee (see above).
- ☐ I am the person authorised by the Estate of the previous Grant holder to renew the Grant for this grave (evidence required).
- ☐ I am the person authorised by the Next of Kin to renew this Grant (see above).

Signature of applicant: _____ Date: _____

Office Use Only

Grave Number/Niche on Wall: _____

Renewal received on: _____

Receipt Number: _____ Map location attached ☐

Signature of issuing officer: _____ Designation: _____ Date: _____

This grant is an important document and **MUST BE PRODUCED** before the grave can be reopened to an authorised monumental mason for the establishment of any headstone.