

## APPLICATION FOR GRAVE RESERVATION

### *APPLICATION FOR PRE-NEED GRANT OF RIGHT OF BURIAL*

#### Reservation Details

|                                |  |               |  |
|--------------------------------|--|---------------|--|
| Surname ( <i>Family Name</i> ) |  |               |  |
| Given Name                     |  | Date of Birth |  |
| Address                        |  |               |  |
| State                          |  | Postcode      |  |
| Email                          |  | Contact No.   |  |

#### Grant of Right of Burial Holder Details

*The Grant of Right of Burial confers upon the holder, the right to authorise up to two (2) interments in the grave, the interment of ashes of other deceased family members and the right to place approved monumental work.*

*The Grant of Right of Burial is valid for a term of twenty-five (25) years from the date of issue for the purpose of burial only pursuant to the Cemeteries Act 1986.*

|                          |  |          |  |
|--------------------------|--|----------|--|
| Full Name/s              |  |          |  |
| Relationship to deceased |  |          |  |
| Address                  |  |          |  |
| State                    |  | Postcode |  |
| Phone                    |  | Email    |  |

#### Grave Details

|                              |  |   |  |                     |  |
|------------------------------|--|---|--|---------------------|--|
| Cemetery                     |  | Section   |  | Grave Reservation # |  |
| Is this the first Internment | Yes <input type="checkbox"/> No <input type="checkbox"/> | If no, please advise first interment name / grave # |  |                     |  |

I understand that I can transfer the Grant of Right of Burial only with Shire approval and upon payment of the set fee (*Currently no fee*).

I acknowledge that no money has been taken on application.

#### Taxes & Levies

I acknowledge that any statutory increase or impositions of fees levied, except for those levied under the *Cemeteries Act 1986* and amendment thereto, which are outside the direct control of the Shire of Meekatharra after the date of this agreement and relating to the cremation, burial or conduct of funerals charged to and payable to my estate.

I will be responsible for the payment of all present and future taxes, duties assessments and outgoings whatsoever including a goods and services, value added or similar broad based consumption tax, whether statutory or local or of any other description which may be assessed, charged or imposed on or in connection with the provision of the Service, and after the date of my death, my estate will be liable for the payment of any such taxes, duty, charge, assessment and outgoing.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| <i>Date Application Received</i>        |                              |                             |  |
| <i>Amount Paid</i>                      | \$                           | <i>Receipt Number</i>       |  |
| <i>Reservation location checked</i>     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| <i>Map attached to application</i>      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| <i>Name of Authorising Officer</i>      |                              |                             |  |
| <i>Signature of Authorising Officer</i> |                              |                             |  |
| <i>Details entered into Register</i>    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| <i>Details entered into Synergy</i>     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |

***Please ensure a copy of the receipt is attached to this reservation form***