

Transfer Grant of Right of Burial

*Cemeteries Act 1986, Cemeteries Local Law 2024
Statutory Declarations Act 1959*

Original Grantee Details

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

Grant Expiry Date	
Name of Grantee	
Contact Number	
Residential Address	
Postal Address (if different from above)	
Email	

Grave Details

Grave/Reserve Number/s			
Deceased Full Name/s			
Cemetery	<input type="checkbox"/> Esperance	<input type="checkbox"/> Salmon Gums	<input type="checkbox"/> Condingup
Section	<div> <input type="checkbox"/> Lawn <input type="checkbox"/> Catholic <input type="checkbox"/> (Old) Methodist <input type="checkbox"/> Uniting Church <input type="checkbox"/> Lutheran </div> <div> <input type="checkbox"/> Anglican <input type="checkbox"/> Peoples Church <input type="checkbox"/> Infant <input type="checkbox"/> Rose Garden <input type="checkbox"/> Niche Wall </div>		
Map		Map Reference	

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 Esperance. No one with equal or greater interest objects to this transfer. I indemnify the 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 Esperance'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.

Signature *Current Grantee (if applicable)***Date**

Signature *New Grantee***Date**

Signature *Witness***Date**

Witness must be listed on: [Schedule 2 of Oaths, affidavits and Statutory Declarations Act 2005](#)