

Application - Grant of Right of Burial

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

Reviewed: July 2025

Application - Grant of Right of Burial

FORM 0039

Current 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 (if applicable)			
Cemetery	<input type="checkbox"/> Esperance	<input type="checkbox"/> Salmon Gums	<input type="checkbox"/> Condingup
Section	<input type="checkbox"/> Lawn <input type="checkbox"/> Catholic <input type="checkbox"/> (Old) Methodist <input type="checkbox"/> Uniting Church <input type="checkbox"/> Lutheran	<input type="checkbox"/> Anglican <input type="checkbox"/> Peoples Church <input type="checkbox"/> Infant <input type="checkbox"/> Rose Garden <input type="checkbox"/> Niche Wall	
Map		Map Reference	

Declaration

Select all that apply:

- ☐ I, _____, apply to the Shire of Esperance to purchase a Grant of Right of Burial for a grave site/s mentioned, where the original grantee is deceased, and the original grant was not issued or has expired.
- ☐ I, _____, apply to the Shire of Esperance to purchase a Grant of Right of Burial for a grave site/s for which the original grantee is alive, but the grant was not issued or has expired.

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](#)