

Grant No:

**APPLICATION FOR PURCHASE OF NEW GRANT OF RIGHT OF BURIAL
(Grant Expired)**

Cemetery: _____

Full Name of Applicant: _____

Address: _____

Postcode: _____ Telephone: _____

Denomination: _____ Section: _____ Grave Number: _____

Is the grave either: ☐ Shire owned (Govt) or ☐ Previously granted

Previous Grant Number (where applicable): _____

Amount: _____ Receipt No : _____

I understand that I can transfer this Grant of Right of Burial only with Shire approval and upon payment of the set fee.

Taxes & Levies

I acknowledge that any statutory increase or impositions of fees levied, except for those levied under the *Cemeteries Act 1986* and amendments thereto, which are outside the direct control of the Shire of Coolgardie 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.

If I make a payment for future tax including a goods and services, value added or similar broad based consumption tax, in connection with the provision of the Service, and that tax is not eventually imposed, the Shire of will refund the value of any such Coolgardie payment to me or my estate.

Signature of Applicant Date

Approved by authorized officer Date

Office Use only

Date Received: _____ New Grant Number: _____

Approved by Authorised Officer: (Name) _____

(Signature) _____