Purchase of Grant of Right of Burial

OFFICE USE

Fee Applicable

Officer to Approve

Date of Approval

To be completed by the person taking responsibility for a grave for the event of a burial or reservation of a plot for the Wyndham or Kununurra Cemeteries.

| the Wyndham or Kununurra Cemeteries. | |
|---|--|
| Please tick one: | |
| ☐ Application for Burial | |
| ☐ Application for Plot reservation (Pre need) | |
| ☐ Renewal Of Grant | |
| | |



PO Box 614 Kununurra 6743 20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100

F | 9168 1798

E | mail@swek.wa.gov.au

W | www.swek.wa.gov.au

| in hellewal of drailt | | | | | | | | | | | 8.00an | n - 4.00p | m MON | - FRI |
|---|--|--|--|---|---------------------------------|-----------------------------------|------------------------------|-----------|-------------------------------|-------------------|-------------------------------|-----------|--------------|---------------------------|
| Details of Applicant | | | | | | | | | | | | | | |
| Full Name | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| Postal Address | | | | | | | | | | | | | | |
| Telephone Number | | | | | | | | | | | | | | |
| Grave Details | | | | | | | | | | | | | | |
| Cemetery | | | | | | | | | | | | | | |
| Denomination Section | | | | | | | Plo | t Nun | nber | | | | | |
| Previous Grant Details | lf appli | cable | | | | | | | | | | | | |
| Grant holder Name | | | | | | | | | | | | | | |
| Grant Number | | | | | | | | | | | | | | |
| I acknowledge that any statutory in thereto, which are outside the direct burial or conduct of funerals charge I will be responsible for the payme value added or similar broad base imposed on or in connection with such taxes, duty, charge, assessmen | t control c ed to and nt of all p d consump the provis | of the Shire payable to present and ption tax, we ion of the | s of fees I of Wyndha my estate. future tax hether sta | am East I e. es, duties atutory or | Kimberley s, assessm r local or | after the ents and of any o | date o outgoin other d | f this ag | greemer tsoever on whic | nt and includi | relating ing a g be ass | to the | cremaind ser | ation, vices, ed or |
| If I make a payment for future ta provision of the Service, and that t to me or my estate. | | | | | | | | | • | | | | | |
| Signature Date | 1 | / | | | | | | | | | | | | |

Receipt Number

Officer Signature

Grant Number Issued