

FUNERAL DIRECTOR DETAILS	
Funeral Director Business Name:	
First Name/s:	Surname:
Telephone:	Mobile:
Email:	

GRANT OF RIGHT HOLDER DETAILS		
First Name/s:	Surname:	
Residential Address:		
Suburb:	State:	Post Code:
Postal Address:		
Suburb:	State:	Post Code:
Telephone:	Mobile:	
Email:	Relationship to deceased:	

PLOT DETAILS				
Deceased Name:				
Plot Type:	<input type="checkbox"/> Ground Plot	<input type="checkbox"/> Niche Wall (Karratha Cemetery)		
Cemetery:				
Ground Plot:	Row:	Plot:	Section:	Niche Plot:
First Term:	<input type="checkbox"/>	Second Term:	<input type="checkbox"/>	Original GOR #:

DECLARATION OF APPLICANT	
I certify that there is no other person with equal or greater interest objecting to the purchase of this grant.	
I understand that I can transfer this Grant of Right of Burial only with City approval and upon payment of the set fee.	
Signature:	Date:

Note: This Grant is an important document and MUST BE PRODUCED before the grave can be reopened (in the case of a second interment and to an authorised Monumental Mason for the establishment of any headstone.

OFFICE USE ONLY		
Date:	Total Paid:	Receipt No:
Officer Name:	Sign:	