

ORIGINAL GRANT OF RIGHT HOLDER DETAILS

First Name/s:		Surname:	
Address:			
Suburb:		State:	Post Code:
Telephone:		Mobile:	

CEMETERY DETAILS

Cemetery:		
Section:	Row:	Plot:
Issue Date:	Total Paid:	Receipt No:

NEW GRANT OF RIGHT HOLDER DETAILS

First Name/s:		Surname:	
Address:			
Suburb:		State:	Post Code:
Telephone:		Mobile:	

DECLARATION

I, being the holder of the above mentioned Grant of Right of Burial issued by the City of Karratha for good and valuable consideration assign all my rights under that Grant of Right of Burial to the above New Grant Right Holder.

ORIGINAL GRANTEE

Signature:	Date:
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NEW GRANTEE

Signature:	Date:
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OFFICE USE ONLY

Date:	Total Paid:	Receipt No:
Customer Service Officer:		Initial: