



# APPLICATION FOR RENEWAL OF GRAVESITE

## ALLAMBIE PARK CEMETERY

FEES GST EXEMPT **\$1520.00**

**ORIGINAL GRANTEE:**

Surname \_\_\_\_\_ Given Names: \_\_\_\_\_

Address \_\_\_\_\_

Grave Location \_\_\_\_\_ Previous Grant Number \_\_\_\_\_

Expiry Date of Previous Grant \_\_\_\_\_

**NB PLEASE ATTACH A COPY OF THE ORIGINAL GRANT  
NEW EXPIRY DATE WILL BE 25 YEARS FROM APPLICATION DATE**

APPLICATION MADE ON: \_\_\_\_\_

By : \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

4. It is acknowledged that any statutory increase in or imposition of fees levied, except for those levied under the Cemeteries Act 1986 and amendments thereto, which are outside the direct control of the Board, after the date of this agreement and relating to burial or conduct of funerals will be charged to and payable by my estate.
- The Applicant 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 tax, duty, charge, assessment and/or outgoing.

SIGNATURE OF APPLICANT: \_\_\_\_\_

**Details for Payment by Direct Debit**

Account Name: Albany Cemetery Board Bank: Westpac  
BSB 036-168 Account Number 479777 Ref: "Surname"

**Office use**

RECEIVED FOR AND ON BEHALF OF THE BOARD BY:

..... on ..... at ..... am/pm

Application No:..... New Expiry Date .....

Grant No: ..... G/site Number .....

Reg. Folio:..... Administrator.....

OFFICE HOURS 9AM TO 4PM MONDAY TO FRIDAY

241 Lower King Road, Walmsley, Albany WA 6330 • PO Box 469, Albany WA 6331  
T: 08 9844 7766 • E: allambie@inet.net.au • W: albanycemeteryboard.com.au