



Shire of Wickepin

PO Box 19 WICKEPIN WA 6370 Ph: 9888 1005 Fax: 9888 1074 Email: admin@wickepin.wa.gov.au

RELINQUISHMENT OF GRANT OF RIGHT OF BURIAL

Full Name of Original Grantee: _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

Cemetery: _____

Grave Location/Niche Wall Compartment: _____

Mark on diagram and attach

Grant of Right Burial Number: _____

Issue Date: _____

I declare that I am the holder of the above mentioned Grant of Right of Burial issued by the Shire of Wickepin and that I have not transferred my rights under the grant to any person.

I, being the holder of the above mentioned Grant of Right of Burial issued by the Shire of Wickepin for good and valuable consideration, relinquish all my rights under that Grant of Right of Burial from this day forward.

Signature of Original Grantee

Date