

THE SECRETARY  
ALBANY CEMETERY BOARD  
P O BOX 469  
ALBANY W A 6331

Telephone 08) 9844 7766  
Facsimile 08) 9844 8016  
emailallambie@inet.net.au

## APPLICATION FOR RESERVATION OF GRAVESITE ALLAMBIE PARK CEMETERY

**GRANTEE:**

Surname \_\_\_\_\_

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

Address \_\_\_\_\_  
\_\_\_\_\_

**FEEES**  
**GROUND \$1,364.00**

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

By (Initials & Surname): \_\_\_\_\_

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: \_\_\_\_\_

RECEIVED FOR AND ON BEHALF OF THE BOARD BY:

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

**ALBANY CEMETERY BOARD**

-----  
**Office use**

Application No: .....

Grant No: .....

Reg. Folio: .....

G/site Allocated .....

Administrator .....