

THE SECRETARY
ALBANY CEMETERY BOARD
P O BOX 469
ALBANY W A 6330

Telephone 08) 9844 7766
Facsimile 08) 9844 8016

**APPLICATION FOR RESERVATION OF A MEMORIAL GARDEN SITE
at ALLAMBIE PARK CREMATORIUM GARDENS**

Full Name _____

Address _____

Garden Site Name & No. _____ Location No. _____

DATED _____ SIGNED _____

NON REFUNDABLE FEE PAYABLE (to accompany Application) **\$260.00** (Fee covers Reservation only, cost of Plaque(s) will be determined by listed price of Plaque(s) at the time of interment(s)).

Note 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 the cremation 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.

Details for Payment by Direct Debit

Account Name: Albany Cemetery Board Bank: BankWest
BSB 306-001 Account Number 4150350 Ref: "Surname"

Office Use Only

Received ____ / ____ /20 . Receipt No. _____

Site Location & Number Reserved _____

_____ for Albany Cemetery Board

Reservation Certificate forwarded ____ / ____ /20 .