

Please complete as many details as are known and appropriate for the interment required. Email completed form to cemeteries@whakatane.govt.nz.

BURIAL DETAILS

Cemetery: _____ Day: _____ Date: _____ Time (estimate): _____

Type of interment: Burial Ashes Natural Burial Type of plot: Adult Child <12 Child <2 Stillborn RSA

Section: _____ Plot: _____ Casket lid size: _____ Urn size: _____

First burial Second interment Name of first interred: _____ Date: _____

Reserved plot? Yes No Plot reserved in name of: _____ COP #: _____

If the plot is a new purchase, does the family wish to reserve the alongside plot? No Yes (Please complete Plot Reservation form)

GRAVESIDE DETAILS Council will provide tapes and bearers. Please note the Council does not have a lowering device.

Shovels required? Family to backfill? Funeral director attending?

Expected number of attendees: _____ Additional information/ requirements: _____

DETAILS OF DECEASED

Surname: _____ First name/s: _____

Date of death: _____ Age: _____ Gender: _____

Last address: _____

Next of kin: _____ NoK relationship: _____

NoK address: _____

Ex-serviceman? No Yes (Please provide Statement of Service certificate or other proof of entitlement)

APPLICANT DETAILS & AUTHORITY TO OPEN

I am the Exclusive right of burial holder / Executive of will or estate and hereby consent to this burial taking place.

or

I being the Funeral director, having carried out due enquiry and am satisfied that this burial is authorised.

(Please note: A plot will not be opened until proof of ownership is presented, if parties are deceased and there is no will or executor then a statutory declaration may be required)

Full name / Company: _____

Address: _____

Email: _____ Phone: _____

Signature of applicant: _____ Date: _____

Charge to: Funeral Director OR Family

OFFICE USE ONLY The body of the above deceased was interred by me in accordance with the instructions given herein on this date:

Warrant #: _____ Signed: _____ (Sexton)

Interment Cost: _____ Date: _____

Plot Cost: _____ Block: _____ Plot No.: _____

AUTHORITY TO OPEN CHECKED AND APPROVED CALENDAR OZONE MAP RETURN EMAIL/FAX INITIALS: _____