

Application for Interment Issue of Burial Warrant

Cemetery _____

Interment Day _____ Date ____ / ____ /20 Graveside Time: _____

Full Name of Deceased _____

Address _____

Date of Birth ____ / ____ / ____ Age in Years _____ Years lived in Waipa District _____

Date of Death ____ / ____ /20 Nationality _____ Religion _____

Occupation _____

Please circle the response below which is applicable

This application completed by: Funeral Director Natural Person

Medical Certificate required: YES NO **Death Certificate required:** YES NO

Will a funeral director be at the gravesite? YES NO

Grave Type required: Natural Burial Plot

New Reserved Re-open Lawn RSA Ashes Child Leamington

If re-opened, full name of current occupier: _____

If re-opened, name of person giving authority to open _____

Plot No _____ Row _____ Block _____

Ashes Urn Size Length (mm) _____ Width (mm) _____ Height (mm) _____

Casket size Length (mm) _____ Width (mm) _____ Height (mm) _____

NOTE: Please ensure caskets have been measured accurately and include handles for Sextons to prepare plots.

Straps and bearers required: YES NO Family to fill in grave: YES NO

Full name of Next of Kin _____

Address _____

Post code _____ Phone No: _____ Email address _____

Funeral Director _____

Address _____ Post code _____

Phone No _____ Fax No _____ Email address _____

Indemnity for Burial Charge to be completed below

In respect of the burial of _____

I _____ (name in full)

of _____ (address) Phone no _____

hereby agree to accept responsibility for payment of charges to Waipa District Council. I further agree that no headstones or kerbing will be erected on the grave until the charges have been paid in full.

Date ____ / ____ /20 Signature: _____ (Signature of person accepting liability) _____ (Signature of witness)