

Please contact Cemetery Administration on 027 308 4501 as soon as possible to check available dates and times before submitting your application.



## Burial Application

### Details of funeral arrangement for the Waitaki district

#### *Details of deceased*

Christian Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_

Death Certificate  Coroners Certificate   
(Copy of Certificate to be provided with Application if applicant is not a Funeral Director)

Spouse: \_\_\_\_\_

#### *Next of Kin Details (original plot purchaser)*

Owner of Plot: \_\_\_\_\_

Living Next of Kin: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address: \_\_\_\_\_

#### *Funeral Details*

Funeral Director/Organiser: \_\_\_\_\_

Address & Phone No: \_\_\_\_\_

Time of Service: \_\_\_\_\_ Place of Service: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Funeral: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_ Ash Garden: \_\_\_\_\_

New Plots: \_\_\_\_\_ Extra / Ord Depth: \_\_\_\_\_

Block & Plot No: \_\_\_\_\_ Size of Casket: \_\_\_\_\_

RSA No: \_\_\_\_\_ Concrete Top: \_\_\_\_\_

Special arrangements: \_\_\_\_\_

(reopen) \_\_\_\_\_

Account to be paid by <sup>1</sup>: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

<sup>1</sup> This form must be signed by a Trustee of the estate if account not going to a Lawyer, to authorise payment for Plot Purchase / Interment Fees as set out in the Waitaki District Council Annual Plan, which can be view at [www.waitaki.govt.nz](http://www.waitaki.govt.nz)