



**CENTRAL HAWKES BAY DISTRICT COUNCIL**  
**Telephone: 06 857 8060 Fax: 06 857 7179**

**APPLICATION FOR BURIAL WARRANT FOR ASHES**

\_\_\_\_\_ **CEMETERY**

1. Full name of Deceased :
  
2. Name of Applicant:
  
3. Age of Deceased:
  
4. Late Residence:
  
5. Late Occupation:
  
6. Religion: N/A
  
7. Date of Death: \_/ \_/ 2010 Date of Interment \_\_\_/\_\_\_/\_\_\_
  
8. Reference to allotment on plan: **Plot:** **Block:**
  
9. Name of Funeral Director:
  
10. Name of Monumental Services:

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date of Application: