

CENTRAL HAWKE'S BAY DISTRICT COUNCIL

Phone 06 857 8060

Email: customerservice@chbdc.govt.nz



Application for Burial Warrant of Ashes

Cemetery: _____

Full name of Deceased : _____

Name of Applicant: _____

Age of Deceased: _____

Late Residence: _____

Late Occupation: _____

Religion: _____

Date of Death: _____

Date of Interment: _____ Time of Interment: _____

Reference to allotment on plan Plot: Block: Area:

Dimensions of Urn/Vessel _____

Previous interment: _____

Name of Funeral Director: _____

Contact Phone Number: _____

Signature of Applicant: _____ Date: _____

FEES PAYABLE FOR THIS INTERMENT

Purchase of Exclusive Right of Burial				
Block	Plot No:	Reserved	\$	
Interment Fee (includes maintenance of plot(s) in perpetuity)			\$	
Includes Weekend/Public Holiday interment				
		TOTAL	\$	(Incl GST)

INDEMNITY FOR PURCHASE OF EXCLUSIVE RIGHT OF BURIAL IN PLOT(S) AND INTERMENT FEES

In respect of the interment of the late

I

of

Hereby agree to accept liability to the Central Hawkes Bay District Council for the payment of fees totaling \$ as detailed in the current fees and charges. I further agree that no headstone or monument will be erected on the grave until the above fees have been paid in full.

Signature of person accepting liability: _____

PERMISSION TO USE RESERVED/OCCUPIED PLOT

I _____

Being the nearest living relative of the said:

_____ Cemetery Plot: Block: Area:

Have no objection to the burial of the late

_____ in the above plot.

This agreement is made subject to the provisions of the policies and bylaws relating to cemeteries made by the local authority including size and type of monument and decoration displayed within the cemetery as per the Prohibition of Gang Insignia in Government Premises Act 2013.

Signed: _____

This form is to be completed and returned to Council no less than 3 working days prior to interment