



CENTRAL HAWKES BAY DISTRICT COUNCIL
Telephone: (06) 857 8060
email: customerservice@chbdc.govt.nz

**NOTIFICATION BY FUNERAL DIRECTOR OF
INTERMENT ARRANGEMENTS**

.....**CEMETERY**

1. Full name of Deceased:
2. Age of Deceased:
3. Late Residence:
4. Late Occupation:
5. Date of Death:
6. Date of Burial: Time of burial:
7. Reference to allotment on plan: Block: Area
8. Depth of grave:
9. Size of grave:
10. Dimensions of Casket: (maximum size including non-collapsible handles)

11. Re-Open Grave: Y / N

12. Backfill: Family / Sexton

13. Name of Funeral Director:

14. Contact Phone Number:

15. Proof of ownership sighted: Y / N / Not applicable

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			\$
			<hr/>
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 above. 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 owner of the exclusive right to burial in Plot: Block:

Authorize the burial of the late in the above plot.

Signed: _____