



APPLICATION FOR RIGHT OF INTERMENT

ASHES or BURIAL *(Delete one)* At Cemetery:

Name of deceased person to be interred:

Rank or Occupation:

Residence:

Date of death:..... Aged:Native of:.....

Religion:Date & time of funeral:

Name of Officiating Minister:

Where deceased last came from: Number of years in province:

Casket or ashes urn size:

Special instructions:

.....

Depth:

Name of person authorising Interment:

Address:

IN CONSIDERATION of being granted the right to inter I the undersigned, being the person having the management or control of the intended burial of the above named deceased, HEREBY UNDERTAKE to pay the South Wairarapa District Council the interment fees prescribed by the provisions of the Council's by-laws.

Funeral Home: Phone:

Address: Fax:

Signed: Date:

Funeral Director

FOR OFFICE USE ONLY

Plot No: Area:.....

Warrant No: Grant No: Invoiced:

Database No. Page No (Register): CEM No:

Additional remarks:.....

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