

Application for Interment

Cemetery:				Date of Interme	ent:		
Time of Service:				Time of Interme	ent:		
Details of Dec	eased				·		
Family Name:							
First name/s: (as appears on the D	eath Certific	cate)					
Gender:		-		te Residence:			
Occupation:		Do		te of Birth:			
Place of Birth:		Age	Age:				
Date of Death:	Date of Death:		Pla		ce of Death:		
Religion:		Marital St		tal Status:			
Cemetery and Plot Details							
Plot Type: (please tick)		New Plot		Reserved PI	ot	Plot Re-open	
Area:				Block Numbe	<i>•</i>		
Plot Number:				Depth:	Single	Double	
If Plot re-open, name of first interred:							
Person giving au	hority to						
open:	,,						
Interment Det	ails						
	ails		Ashee			Duriel	
Type: (please tick)	ails		Ashes			Burial	
Type: (please tick) Casket Details: (please tick)	ails	Standa		Ove	ersize	Burial Ashes Urn	
Type: (please tick) Casket Details:	ails	Standa		Ov	ersize		
Type: (please tick) Casket Details: (please tick) Special		Standa		Ove	ersize		
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to	be in the	Standa		Ον	ersize		
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of:	be in the	Standa		Ον	ersize		
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next	be in the	Standa		Ov.	ersize Contact Numb	Ashes Urn	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address:	be in the t of kin:	Standa		Ov.		Ashes Urn Der:	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address: Relationship: Funeral Company	be in the t of kin:	Standa		Ov.	Contact Numb	Ashes Urn Der:	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address: Relationship: Funeral Company Family:	be in the t of kin:	Standa		Ov.	Contact Numb	Ashes Urn Der:	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address: Relationship: Funeral Compan Family: Address: Signature of Applicant* *Please note by sign	be in the t of kin: y or	m you hereby acc	rd Size	ility for payment	Contact Numb Contact Numb Date: of all charges to	Ashes Urn Der: Der: Waitomo District Court	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address: Relationship: Funeral Company Family: Address: Signature of Applicant* *Please note by sign Please return for	be in the t of kin: y or ning this for m via en	m you hereby acc	rd Size	ility for payment	Contact Numb Contact Numb Date: of all charges to	Ashes Urn Der: Der:	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address: Relationship: Funeral Company Family: Address: Signature of Applicant* *Please note by sign Please return for Office Use On	be in the t of kin: y or ning this for m via en	m you hereby acconail info@waitor	rd Size	ility for payment Fax 07 878 77	Contact Numb Contact Numb Date: of all charges to 71 or post to P	Ashes Urn Der: Der: Waitomo District Court O Box 404, Te Kui	
Type: (please tick) Casket Details: (please tick) Special Requirements: Plot Title Deed to name of: Full name of next Address: Relationship: Funeral Compan Family: Address: Signature of Applicant* *Please note by sign Please return for Office Use Onl CSO Advised:	be in the t of kin: y or ming this for m via em	m you hereby acconail info@waitor	rd Size cept responsib mo.govt.nz, pok Updated:	ility for payment Fax 07 878 77	Contact Numb Contact Numb Date: of all charges to	Ashes Urn Der: Der: Waitomo District Court O Box 404, Te Kui	
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