

Cemetery:		Date of Interment:	
Time of Service:		Time of Interment:	

Details of Deceased

Family Name:

First name/s:

(as appears on the Death Certificate)

Gender:		Late Residence:	
Occupation:		Date of Birth:	
Place of Birth:		Age:	
Date of Death:		Place of Death:	
Religion:		Marital Status:	

Cemetery and Plot Details

Plot Type: <i>(please tick)</i>	<input type="checkbox"/> New Plot	<input type="checkbox"/> Reserved Plot	<input type="checkbox"/> Plot Re-open
Area:		Block Number:	
Plot Number:		Depth:	<input type="checkbox"/> Single <input type="checkbox"/> Double
If Plot re-open, name of first interred:			
Person giving authority to open:			

Interment Details

Type: <i>(please tick)</i>	<input type="checkbox"/> Ashes	<input type="checkbox"/> Burial
Casket Details: <i>(please tick)</i>	<input type="checkbox"/> Standard Size	<input type="checkbox"/> Oversize <input type="checkbox"/> Ashes Urn
Special Requirements:		
Plot Title Deed to be in the name of:		
Full name of next of kin:		
Address:		
Relationship:		Contact Number:
Funeral Company or Family:		Contact Number:
Address:		
Signature of Applicant*		Date:

*Please note by signing this form you hereby accept responsibility for payment of all charges to Waitomo District Council. Please return form via email info@waitomo.govt.nz, Fax 07 878 7771 or post to P O Box 404, Te Kuiti, 3941

Office Use Only

CSO Advised:	<input type="checkbox"/>	Cemetery Book Updated:	<input type="checkbox"/>	Payment Received:	<input type="checkbox"/>
ISU Manager Advised:	<input type="checkbox"/>	Cemetery Plan Updated:	<input type="checkbox"/>	Receipt Number:	
Warrant Issued:	<input type="checkbox"/>	Cemetery Database Updated:	<input type="checkbox"/>		
CSO Signature:	Manager Signature:				